



APPLICATION FOR EMPLOYMENT

PER / 00 / 13

Post Applied for

Full Name in Block Letters

Local Address

Tel. No :
Permanent Address :

Pin Code :

Tel. No.

Pin Code :

Expected Salary

Basic

Allowance

Total

RECORD OF EXAMINATION (including Professional) in chronological order, which you have passed

Examination	Year	Examination Body (College / School Name)	Major Subjects	% Marks Total	Result Division

APPRENTICESHIP AND PRACTICAL TRAINING IF ANY

Firm Name and Address	Period		Details of Apprenticeship
	From	To	

DETAILS EMPLOYMENT (PAST AND PRESENT)

Firm Name and Address	Designation	Period		Last Pay	Reason for Leaving
		From	To		

DETAILS OF PREVIOUS EMPLOYMENT IN FORCE MOTORS IF ANY

Who recommended you to apply with us

Were you ever Insured under the Employee's State Insurance Scheme ? if so please give insurance							
No. _____ set _____ and insured by _____							
Were you a member of Employee's Provident Fund Scheme ?							
No. _____ and the name of the Company you were serving in when you first become a member.							
Language You can	Speak _____						
	Read _____						
	Write _____						
PERSONAL DETAILS							
Age		Date of Birth		Relatives Acquaintance if any working with Force Motors Ltd.			
Religion		Place of Birth					
Married Unmarried		No. of Dependents		Have you any Physical deformity			
Height		Power of Glasses Worn if any	Right				
Weight			Left	Since how many Years you are in M.P.			
if you belong to Scheduled Cast or Scheduled Tribe and if you desire to declare the same please give the details here							
(1) Name and Address of next of kin Nominee's Name					Relationship		
(2) in case of Emergency Name and Address of the person to be notified							
REFERENCE OTHER THAN RELATIVES							
Name			Address				
1.							
2.							
Short details of family Name, Ages and Addresses of Living Members							
Wife		Children		Brothers		Sisters	
Parents/Fathers Name							
I declare that the above is verified by me is true to the best of my knowledge belief I also understand that any misrepresentation of facts in this application is sufficient cause for termination of my service.							
Name of Employment office							
Registration No. & Date							
Date :						Signature of Applicant	