**HR FORM**

POST APPLIED FOR :

NAME :

D.O.B :

ADDRESS FOR COMMUNICATION :

PERMANENT ADDRESS :

MARITAL STATUS :

AADHAR CARD NUMBER :

CONTACT NUMBER :

E-MAIL ID :

EDUCATIONAL QUALIFICATION :

CURRENT SALARY :

EXPECTED SALARY :

NOTICE PERIOD :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **QUALIFICATION** | **SCHOOL / COLLEGE / UNIVERSITY** | **FROM - AY** | **TO - AY** | **PERCENTAGE** |
| 1 | H.S.C |  |  |  |  |
| 2 | UG |  |  |  |  |
| 3 | PG |  |  |  |  |
| 4 | Ph.D |  |  |  |  |

EXPERIENCE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.NO | COMPANY / INSTITUTION NAME | DESIGNATION | DEPARTMENT | FROM  | TO | TOTAL YEARS OF EXPERIENCE |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

I hereby declare that, the above particulars submitted by me is true to my knowledge and nothing is false and misleading