NU GENES PVT.LTD.

**AFFIX**

**PASSPORT**

**SIZE PHOTOGRAPH**

**ONLY ON HARD COPY**

**(SIZE: 4.5cm X 3.5)**

**#1-8-303/45, 2nd Floor, Chain Arcade, Minister Road,**

**Rasoolpura, Secunderabad – 500 003. Telefax: 040-27722668**

**Email Id.** **nugeneshyd@gmail.com** **, Website: www.nugenes.net**

CANDIDATE INFORMATION

**SECTION I**

 **APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| First Name:  | Middle Name: | Last Name: |
| Father ‘s Name: | Mother ‘s Name: | Husband’s /Wife’s & Name & Contact No: |
| Date of birth: (dd/mm/yy) | Age :  | Place of Birth: | Religion: Caste: |
| Home Phone: | Cell Phone: | Email Id: |
| Gender: | Blood Group: | Height: | Weight: | Chest: |
| Identification Marks : | 1.2. |
| Marital Status: |  |
| Age/Name/occupation of children : | 1.2. |
| Other Dependents: | Languages known:  |  |
| Indian Passport No: | Issued At ( City ): | Valid from: Valid until: |
| Voter ID Card No: | Issued At ( City ): |
| Aadhaar Card No: | Issued At ( City ): |

 **APPLICANT CONTACT INFORMATION:**

|  |  |
| --- | --- |
| **Permanent Address**  |  |
| City  | State  |
| Postal Code | Land Mark: |
| Residing Since( Mandatory)  | Nature Of Location: Rented/Owned/Others  |
| **Current Address**  |  |
| City  | State  |
| Pin | Land Mark: |
| Residing Since(Mandatory)  | Nature of Location Rented/Owned/Others  |

 **Name and Address of person to be contacted in case of an emergency:**

|  |  |
| --- | --- |
| Contact Person:Relationship: | Emergency Contact Number: |

**EDUCATIONAL QUALIFICATIONS :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of School/College/ Institute**  | **Board/Univ./Institute** | **Qualification Obtained**  | **Division** | **Year Completed**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note: If you have additional qualifications beyond the listed above kindly furnish the same as an annexure to this document as per details furnished above.**

 **TECHNICAL QUALIFICATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Institute**  | **Qualification**  | **Division** | **Year Completed**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT RECORD**

Please list your Three most recent employers. Use additional pages if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  PeriodFrom To | Name and Address of Employer | Position(s) Held | Nature of work done and to whom responsible | Length of ServiceYears Months | Salary & PerquisitesRs. per monthStart Finish | Reasons for leaving service (if discharged state full particulars) |
|  |  |  |  | Total Service |  |  |  |  |  |

Minimum remuneration acceptable: Salary……………………………………………………………

Perquisites………………………………………………………………………………………………………….

How soon would you be free to take up new appointment? …………………………………..

Are you prepared to work in any part of India? ………………………………………………………

Please enlist some of your achievements, and your future plans and aims

1..……………………………………………….……………………………………………………………………………………………….………

2……………………………………………………………………………………………………………………………………………………………

Future Plans and aims : …………………………………………………………………..……………………………..…………………………….

………………………………………………………………………………………………………………………………………………..……………

…………………………………………………………………………………………………………………………………………………..…………

**SECTION II**

 **Bank Details**

|  |  |
| --- | --- |
| Name As Per Bank Records |  |
| Bank Name |  | Branch |
| Account Number |  |
| IFSC Number |  |

 **Permanent Account Number (Pan Card)**

|  |  |
| --- | --- |
| PAN Card Number  |  |

 **Nomination for PF/Gratuity/Accident & General Insurance and others**

 *I hereby declare the name (s) of the nominee(s) who will receive all payments as legal heirs in the event of any eventuality.*

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No: | Full Name [Legal Name] | Relationship | Date of Birth [DD/MM/YYYY] |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT DESIRED :**

**REFERENCES**: If not submitted separately, please give below the names of two eferences whom you have known for at least one year. Professional references are preferred.

|  |  |  |
| --- | --- | --- |
| 1. Name: | Contact Number: | How do you know this person? Years acquainted? |
| E-Mail Address: |
| Employer Name and Location: |
| 2. Name: | Contact Number: | How do you know this person? Years acquainted? |
| E-Mail Address: |
| Employer Name and Location: |

## DECLARATION

I here by declare that my answers to each of the foregoing are true and incase it is proved otherwise, I shall be liable for dismissal.

Signature of Applicant Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewer Comments : Selected / Waitlisted / Rejected

Name of the Interviewers: 1. Signature:

 2. Signature:

 3. Signature: