## **EMPLOYMENT PROPOSAL FORM**

(PLEASE FILL IN BLOCK LETTERS)

MOBILE:		DRESS PRESENT:					AFFIX LATEST
MOBILE: BLOOD GROUP:	ii) l	PERMANENT: _					
i) NAME OF FATHER/HUSBAND/GUARDIAN: MOBILE: ADDRESS:  ii) MARITAL STATUS: MARRIED/UNMARRIED/DIVORCED NO. OF CHILDREN:  iii) FAMILY PROFESSION DETAILS (Attach sheets if necessary):  Name Age Occupation Relation Mobile No.  iv) FAMILY INCOME:  POSITION APPLIED FOR:  MINIMUM ACCEPTABLE SALARY:  DO YOU OWN A LAPTOP? YES/NO  IF NO, ARE YOU WILLING TO PURCHASE A NEW LAPTOP? YES/NO ARE YOU WILLING TO RELOCATE TO JALANDHAR? YES/NO a) ARE YOU COMFORTABLE WORKING BEYOND THE NORMAL WORKING HOURS/ON A HOLITHE TIME OF EXIGENCY:  b) ARE YOU COMFORTABLE TRAVELLING OUTSIDE YOUR HOMETOWN, WHENEVER REQUIRE THE PURPOSE OF WORK? LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write	МО	BILE:		EMAIL ID:			
i) NAME OF FATHER/HUSBAND/GUARDIAN:  MOBILE:  ADDRESS:  ii) MARITAL STATUS: MARRIED/UNMARRIED/DIVORCED  NO. OF CHILDREN:  iii) FAMILY PROFESSION DETAILS (Attach sheets if necessary):  Name  Age  Occupation  Relation  Mobile No.  iv) FAMILY INCOME:  POSITION APPLIED FOR:  MINIMUM ACCEPTABLE SALARY:  DO YOU OWN A LAPTOP? YES/NO  IF NO, ARE YOU WILLING TO PURCHASE A NEW LAPTOP? YES/NO  ARE YOU WILLING TO RELOCATE TO JALANDHAR? YES/NO  a) ARE YOU COMFORTABLE WORKING BEYOND THE NORMAL WORKING HOURS/ON A HOLITHE TIME OF EXIGENCY:  b) ARE YOU COMFORTABLE TRAVELLING OUTSIDE YOUR HOMETOWN, WHENEVER REQUIRE THE PURPOSE OF WORK?  LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):	DA	TE OF BIRTH: _		BL	OOD GROUP: _		
MOBILE:ADDRESS:	NA FAI	TIONALITY: MILY DETAILS	GENDI	ER: CATE	GORY: RESERVE	ED/GENERAL	-
ii) MARITAL STATUS: MARRIED/UNMARRIED/DIVORCED NO. OF CHILDREN:  iii) FAMILY PROFESSION DETAILS (Attach sheets if necessary):    Name	i) [	NAME OF FATHE	ER/HUSBAND/GU	ARDIAN:			
iv) FAMILY INCOME:  POSITION APPLIED FOR:  MINIMUM ACCEPTABLE SALARY:  DO YOU OWN A LAPTOP? YES/NO  IF NO, ARE YOU WILLING TO PURCHASE A NEW LAPTOP? YES/NO  ARE YOU WILLING TO RELOCATE TO JALANDHAR? YES/NO  a) ARE YOU COMFORTABLE WORKING BEYOND THE NORMAL WORKING HOURS/ON A HOLITHE TIME OF EXIGENCY:  b) ARE YOU COMFORTABLE TRAVELLING OUTSIDE YOUR HOMETOWN, WHENEVER REQUIRE THE PURPOSE OF WORK?  LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write	ii)	MARITAL STATI NO. OF CHILDF	JS: MARRIED/UN EN:	MARRIED/DIVOR	CED		
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POSITION APPLIED FOR:	iv)	FAMILY INCOM	E:				
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IF NO, ARE YOU WILLING TO PURCHASE A NEW LAPTOP? YES/NO  ARE YOU WILLING TO RELOCATE TO JALANDHAR? YES/NO  a) ARE YOU COMFORTABLE WORKING BEYOND THE NORMAL WORKING HOURS/ON A HOLINTHE TIME OF EXIGENCY:  b) ARE YOU COMFORTABLE TRAVELLING OUTSIDE YOUR HOMETOWN, WHENEVER REQUIRE THE PURPOSE OF WORK?  LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write							
a) ARE YOU COMFORTABLE WORKING BEYOND THE NORMAL WORKING HOURS/ON A HOLING THE TIME OF EXIGENCY:  b) ARE YOU COMFORTABLE TRAVELLING OUTSIDE YOUR HOMETOWN, WHENEVER REQUIRE THE PURPOSE OF WORK?  LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write	MII	NIMUM ACCEPT	ABLE SALARY: _				
the time of exigency:  b) are you comfortable travelling outside your hometown, whenever require the purpose of work? LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write	MII DO	NIMUM ACCEPT	ABLE SALARY: _	0			
THE PURPOSE OF WORK?  LANGUAGE PROFICIENCY (TICK IN APPROPRIATE COLUMN):  Language Understand Speak Read Write	MII DO IF	NIMUM ACCEPT YOU OWN A L NO, ARE YOU W	ABLE SALARY: _ APTOP? YES/N /ILLING TO PURC	O CHASE A NEW LAP	TOP? YES/NO		
Language Understand Speak Read Write	MII DO IF AR a)	NIMUM ACCEPT YOU OWN A L NO, ARE YOU W E YOU WILLING ARE YOU COMF	ABLE SALARY: _ APTOP? YES/N /ILLING TO PURC TO RELOCATE TO ORTABLE WORK	O CHASE A NEW LAP O JALANDHAR?	TOP? YES/NO	o	
	MIII DO IF AR a) TH b) TH	NIMUM ACCEPT YOU OWN A L NO, ARE YOU W E YOU WILLING ARE YOU COMF E TIME OF EXIC	ABLE SALARY: APTOP? YES/N VILLING TO PURCE TO RELOCATE TO ORTABLE WORKE GENCY: ORTABLE TRAVE WORK?	CHASE A NEW LAP O JALANDHAR? ING BEYOND THE	TOP? YES/NO YES/NO NORMAL WORK OUR HOMETOW	<b>)</b> ING HOURS,	ON A HOLIDA
	MIII DO IF AR a) TH b) TH	NIMUM ACCEPT YOU OWN A L NO, ARE YOU W E YOU WILLING ARE YOU COMF E TIME OF EXIC ARE YOU COMF E PURPOSE OF	ABLE SALARY: APTOP? YES/N /ILLING TO PURC TO RELOCATE T ORTABLE WORK! GENCY: ORTABLE TRAVE WORK? ICIENCY (TICK II	CHASE A NEW LAP O JALANDHAR? ING BEYOND THE LLING OUTSIDE Y	TOP? YES/NO YES/NO NORMAL WORK OUR HOMETOW	ING HOURS, —— 'N, WHENEV	ON A HOLIDA
	MIII DO IF AR a) TH b) TH	NIMUM ACCEPT YOU OWN A L NO, ARE YOU W E YOU WILLING ARE YOU COMF E TIME OF EXIC ARE YOU COMF E PURPOSE OF	ABLE SALARY: APTOP? YES/N VILLING TO PURC TO RELOCATE TO ORTABLE WORK GENCY: ORTABLE TRAVE WORK? ICIENCY (TICK II)  age Unders	CHASE A NEW LAP O JALANDHAR? ING BEYOND THE LLING OUTSIDE Y	TOP? YES/NO YES/NO NORMAL WORK OUR HOMETOW	ING HOURS, —— 'N, WHENEV	ON A HOLID

11. IF YOU HAV	11. IF YOU HAVE HAD ANY SERIOUS ILLNESS/OPERATION/ACCIDENT, PLEASE GIVE DETAILS:						
12. ARE YOU SUP	FFERING A	ANY DISA	ABILITY? PLEASI	E GIVE DET	AILS:		
13. a) HAVE YOU				NO			
IF YES, GIVE		_					
-	b) HAVE YOU EVER BEEN INVOLVED IN ANY LEGAL PROCEEDINGS? YES/NO IF YES, GIVE DETAILS:						
14. EDUCATIONA	L QUALIF	ICATION	I (MATRICULATI	ON AND AB	OVE):		
Examination Passed	Stream	Percen tage	Name of College / School	Board / University	Year of Passing	Regular/ Correspondence	Subject
th							

Examination Passed	Stream	Percen tage	Name of College / School	Board / University	Year of Passing	Regular/ Correspondence	Subject
10 <sup>th</sup>							
12 <sup>th</sup>							
Diploma							
Graduation							
Post Graduation							
Certificate Course							
Other (if any)							

### 15. TECHNICAL EXPERTISE:

Please tick off the Level of Knowledge that you possess for the following applications:

S.NO.	APPLICATION	LEVEL OF KNOWLEDGE
1.	MS Office	Basic/Average/Expert
2.	Adobe Reader	Basic/Average/Expert
3.	Internet	Basic/Average/Expert

If you are familiar with any other technical tools please specify:

#### 16. PREVIOUS EXPERIENCE

Please give the following details related to the last 3 organizations where you have worked. (If the number of previous employers is more than 3, please attach a separate sheet)

Name of Company	Job Location	Last Designation Held	Profile	Date of Joining	Reason of Leaving	Date of Relieving	Cash in hand	Total CTC

S.NO.	NAME	CONTACT NO.	DESIGNATION	ORGANIZATION
referen	with us details of 3			ndidates should provide provide the references
		BLE TO VISIT CLIENTS	S AS AND WHEN REQUIF	RED: <b>YES/NO</b>
				ESSIONAL WORK: <b>YES/I</b>
		RK CONTINUOUSLY OR		
	•			JOIN:
IF YES, EMPLO	PLEASE FILL THE   YER'S NAME:	DETAILS:	EVIOUS EMPLOYERS?  BOND PERIOD:	
DEPAR	TMENT:		_ LOCATION:	
IF YES,	PLEASE SHARE TH	IE DETAILS:	ROUP PRIVATE LIMITED	)? YES/NO
JOB PO ANY OT	ORTAL / SOCIAL I THER SOURCE, PLE	ASE SPECIFY:	NEWSPAPER / FRIE	
	PLEASE FILL THES		DATE OF INTERVIEW:	
YES/N	0		I DSB LAW GROUP PRIV	ATE LIMITED?
iii) You	r special abilities, if	any:		
D)	College:			
a)	School:	ılture/leisure time acti	· 	

I have no objection to a Reference Check.

3.

Declaration: - I hereby declare that the above given information is true and correct to the best of my knowledge. In the event of employment, if any information is found to be untrue, employment will be terminated without notice.

Date:	Signatures: