

WALK IN INTERVIEW APPLICATION FORM

		Date	Position ap	plied				
		Full name						
Affix your recent, colored, passport size photograph		Date of birthNative place						
		GenderMarital status						
		Mobile numberCurrent location						
		E-mail address						
		Have you been intervie	ewed by us in th	e last six mo	nths? Yes \square No \square			
		Do you smoke? Yes \square No \square		Do you consume alcohol? YeS \square No \square				
		Differently abled? Yes	□ No □	Do you have a police record? Yes \Box No \Box				
o you have a his	story of any	y major illness? Yes 🗌 No						
ow did you learn	about the	opening? (Tick the appropri	iate option) – Ne	wspaper adve	ertisement Compa	ny website		
riend or relative	Job porta	al Social media						
DUCATIONAL (QUALIFICA	TIONS						
	Degree	Name of the school	Board	Regular	Month and	No. of	%	
Class		college	University	Part time	year of passing	attempts	70	
O th								
2 th								
Graduation								
Post-graduation								
Any other								
Academic gap: Yes □ No □			Number of backlogs ATKTs, if any:					
VORK EXPERIE	NCE		,					
Current organizat	ion		Curr	ent designatio	n			
hom do you rep		ignation		1e				
Number of people reporting to you								
ixed salaryBonus Incentive			Total salary					
Expected salary			Notice period _					

FROM (Month, year)	TO (Month, year)	ORGANISATION (Please begin with your present organization details)	DESIGNATION	REASON FOR LEAVING		

Please mention career gap, if any:

REFERENCE

NAME AND ADDRESS				
Name:		Name:		
Address:		Address:		
City:	Pin:	City:	Pin:	
Phone No:		Phone No:		
Email		Email		

DECLARATION

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief.

(Signature of Applicant)

Recruiter's remarks	Name, signature and date
Interviewer's remarks	Name, signature and date