**MILDSTONE PLASTER (OPC) PRIVATE LIMITED**

 **PERSONAL DATA FORM**

TO BE FILLED BY THE PANEL MEMBER

DATE OF INTERVIEW

JOB LOCATION

SUITABLE FOR THE POST OF-

DATE OF JOINING

OFFERED SALARY

**Paste**

**Your**

**Photograph**

|  |  |  |
| --- | --- | --- |
| 1. | NAME. | ...................................................................................................... |
|  |  | (Surname) | (First) | (Middle) |
| 2. | FATHERS NAME | ………………………………………………… |  |
| 3. | DATE OF BIRTH | ……………………………………………………….. |
| 4. | NATIONALITY | ………………………………………………………… |
| 5. | MARITAL STATUS | ……………………………………………………….. |

1. ADDRESS (Permanent): ………………………………………………………………….

………………………………………………………………………….

* + ……………………………………………………………………….

CITY………………,…….. PIN CODE………………………..

ADDRESS (Communication): …………………………………………………………………….

……………………………………………………………………..

……………………………………………………………………………………..

. CITY ........................... PIN CODE.....................................

7. CONTACT DETAIL RESIDENCE ……………………………

OFFICE ……………………………

MOBILE …………………………..

 EMAIL ID ……………………………...

8. EDUCATION QUALIFICATION:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School/College | University | Year | Cert/Degree | Major | Pass | % |
| & Location | or Board |  |  | Subjects | Subjects |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

9. PROFESSIONAL QUALIFICATIONS HELD:

|  |  |  |  |
| --- | --- | --- | --- |
| Institute & Location | Professional Course & Skills | Year | Course |
|  | Attained |  | Duration |
|  |  |  |  |
|  |  |  |  |

10. EXPERIENCE IN OTHER ORGANISATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization | From- To | Year | Designation | Brief Description | Reasons For |
| & Location |  |  |  | of duties & | Change |
|  |  |  |  | Responsibilities |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

11. HOBBIES/LEISURE:

12. LANGUAGES KNOWN:

READ

WRITE

SPEAK

1. DETAILS OF HONOURS AT SPORTS/ CO-CURRICULAR ACTIVITIES DURING SCHOOL, COLLEGE:

|  |  |
| --- | --- |
| ITEM | DESCRIPTION |
|  |  |
|  |  |
|  |  |

SPECIAL SKILLS IF ANY, THAT YOU POSSESS:

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**DECLARATION**

**I hereby certify that all the information given above is true. I understand that, if appointed, any incorrect information given by me will make me liable to immediate dismissal without any notice whatsoever. If appointed. I agree to abide by the rules and regulations of the organization.**

**..........................**

**.........................**

**..................................**

**Date**

**Place**

**Signature**