



CONSOLIDATED INTERIORS LIMITED

We infuse life to structure

APPLICATION FOR EMPLOYMENT

Note :

1. All entries should be made in candidate's handwriting.
2. Any subsequent change in the particulars given in the application should be intimated to the Personnel / HR Department within a week of such change.
3. Use additional sheets if required.
4. The candidate will render himself/herself liable to summary dismissal if it is found that any information given by him/her is incorrect or any relevant information has been suppressed.



POSITION APPLIED FOR

PERSONAL DATA

1. Full Name in Block Letters _____

2. Father's Name and Occupation _____

3. Present Address

Phone :

4. Permanent Address

Phone :

5. E-mail Address _____

6. Age _____

7. Date of Birth

				1	9		
D	D	M	M	Y	Y		

8. Nationality

Religion

Caste

Sex

9. (i) Marital Status : Unmarried / Married / Separated / Divorced

(ii) Particulars of family

Sl.No.	Name	Sex	Age	Relationship	Whether Employed	Employed in / as

(ii) Languages known :

	Language	Read	Write	Speak
Mother Tongue				

(iii) Hobbies :

(iv) Extra-curricular activities :

Sports :

Cultural :

ACADEMIC DATA :

10. Academic / Professional / Technical Qualification

Sl.No.	Name of the University	Examination Passed	Year of Passing	Class

INHOUSE TRAINING :

11. Apprenticeship / Practical / Specialised Training underwent

Sl.No.	Nature of Training	Organisation / Institute	Duration		Result
			From	To	

12. Professional Achievements :

14. Information regarding specialisation in any field and other matters of interest.

15. Minimum salary acceptable including all allowances on cost to the company basis :

16. Last drawn salary (attach photocopy) :

17. Time required for joining, if selected :

18. Are you prepared to work anywhere in India? :

Yes	No
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If no, give your preferences :

19. Exposure to computers :

20. Any other details you wish to furnish :

21. Is any of your relatives / friends working with CIL :

22. References :

1. Name _____ Designation _____ Address _____ _____ Phone No. _____	2. Name _____ Designation _____ Address _____ _____ Phone No. _____
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23. Copies of Testimonials attached :

1. _____
2. _____
3. _____
4. _____
5. _____

I confirm that all information provided by me in this application form and bio-data enclosed are true to the best of my knowledge and belief. I understand that I am liable for summary dismissal from service of CIL without notice, if information provided by me is found to be false later or if it is found later that I have willfully suppressed required information.

Place :

Date :

Signature of the Applicant