

APPLICATION FOR EMPLOYMENT



Multicare Services (India) Pvt. Ltd.
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 Mahim (W), Mumbai - 400 016.
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Please Affix
 Passport Size
 Photograph

Form to be
 Filled in
CAPITAL
 Letters

COMPANY : _____

Location : _____

Date of Joining _____

Please submit (Along with this Application)
 4 Photographs, Copy of Pan Card, Aadhaar Card & and a residence address proof

Designation : _____ **Salary :** _____

Whether worked with the above referred Company previously : Yes No.

PERSONAL DATA (All information given below will be held in strict confidence)

Surname

Middle Name

First Name

Name : _____

Address : Present : _____

_____ Tel. No. _____ Mobile : _____

Address Permanent / Native Palce _____

_____ Tel. No. _____ Mobile : _____

PAN CARD No.: _____ Aadhaar Card No.: _____

• Date of Birth : ____ / ____ / ____ • Age : ____ Years. • Place of Birth _____

Name of Father _____ Name of Mother _____

DOB of Father : ____ / ____ / ____ DOB of Mother : ____ / ____ / ____

Occupation of Father _____ Occupation of Mother _____

Single / Married _____ (If married) Name of Wife : _____

DOB of Wife : ____ / ____ / ____ Occupation of Wife : _____ Contact No. of Wife : _____

Name/s of children (if any) : 1) _____ Date of Birth : ____ / ____ / ____

2) _____ Date of Birth : ____ / ____ / ____

3) _____ Date of Birth : ____ / ____ / ____

Name of the Nominee : _____ Relationship with Nominee : _____

Do you live with : (✓)

Parents	Relatives	Friends	Lodge	Rented House	Own House
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BANK DETAILS : Name of the Bank : _____ Branch _____

Account No. _____ A/c. Type : Current / Saving / Other _____ IFSC code : _____

Medical History : (Give details such as type of illness / surgery and duration)

How is your present Health ? _____

Are you suffering from any disease ? _____ if so, name it _____

What are your hobbies ? _____

Proficiency in sports & extra Curricular activities _____

Languages : (Underline Mother Tongue)

Speak

Read

Write

EDUCATION : Give particulars from High School onwards :

SR. No.	Certificate / Diploma / Degree	Name and Address of School / College and Board of Education / University	Peroid of Study		Special Subject	Class or Division, Prizes, Scholarships
			From Month & Year	To Month & Year		
1						
2						
3						

SPECIALISED TRAINING & COURSES :

EXPERIENCE : List names and addresses of all former employers in chronological order :

NAME & ADDRESS OF COMPANY	POSITION HELD & NATURE OF WORK	DATE OF JOINING	DATE OF LEAVING	SALARY LAST DRAWN	ALLOWANCE & PERQUISITES	REASON FOR LEAVING	P. F. No. (If any)	E.S.I. No. (If any)

DECLARATION : I, the above named Applicant, declare that whatever the information, I have given above is true and correct.

Signature of Applicant _____

DECLARATION : CONSEQUENCES OF FALSE INFORMATION : I am informed that if after Selection and Appointment, any information given above is found incorrect, my Services can be Terminated without any notice or Compensation.

Signature of Applicant _____