Kindly paste current dated Passport size photo here.

## **EMPLOYMENT APPLICATION FORM**



## CHAMPION SEALS INDIA PRIVATE LIMITED SEALANT & GASKET INDIA PRIVATE LIMITED

Champion House, 15 Parsi Panchayat Road, Andheri (East), Mumbai -400069. INDIA  $\odot +91$  98200 71162 Email 1: careers@championseals.in Email 2: admin@championseals.in Website: www.championseals.in

Interview [

neierence tillough.												Dat	e:					
Post applied for:																		
NAME OF APPLICANT (In block letters)																		
		First	\ Name			Fathe	er's/F	Husba	and's	S Nar	ne				Surna	ame		
Current Address:																		
	ŀ	Own	ed / re	ented ,	/ Payin	g Gue	st (P	lease	tick	( )	as a	pplic	atior	1)				
Permanent Address:																		
Mobile #1:							Мо	obile	#2:									
Email ID:																		
					Gl	JID	ANC	CE:										
Please read the	instruc	tion	s car	efull	y befo	ore fi	illing	g thi	s ap	plic	catio	on.						
Please attached all education certificates.																		
2 Please attached	l your c	urrent	pays	salary	slips a	ınd yo	our p	revio	ous a	ppo	intm	ent l	etter					
, ,	3 Kindly provide all important data in this form for management evaluation.																	
4 Kindly fill in this	form in I	olue ir	nk in y	our o	wn har	ndwri	ting.											
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## Educational institution and location Medium Year Course Board / University Class / % School: Location: College: Location: Post-Graduation / Degree: Location:

**Previous Employment:** 1) Please attach current/previous pay slip along with your appointment letter when sharing this document (in PDF format) prior to interview process.

- 2) Please state all periods of un-employment.
- 3) If you need more space to cover the details of your career, please fill in at the end of the document, or attach a document with the details).

Name of the Company	Designation				Period				CTC earned Per Month (Rs.)									
& Location					Date of Joining		Date of Leaving		At the time of Joining		At the time of Leaving			Reason of Leaving				
1.																		
2.																		
3.																		
4.																		
5.																		
Current employer and location: _																		
Currently Remuneration Rs.								C per onth									CT(	pe num
Please share the details of you	r salar	y bre	eak	up:	1													
Monthly Fixed amount: Rs.							+ Va	riable:	Rs.							I	per m	ontl
Designation and nature of work																		
Why do you desire to leave:		Υ	Υ	Y			osec	l date	of lea	ving	D	D	M	M	Υ	Υ	Y	Y
Date of birth: (DD/MM/YYYY)	D [	D N	M	M	Υ	Y	Y	Y F	leight	:				] ,	Age:			
Religious community:													Wei	」 ght (k	_			
							Insu	ed An	nount	:								
Are you insured? Yes No					T										_			
Name of Insurance Company:							No.	of Chi	ldren	:		N	lo. of	Dep	ende	nts:		
Name of Insurance Company: Single / Married / Divorced:								of Chi				N	lo. of	Dep	ende	ents:		
Are you insured? Yes No  Name of Insurance Company:  Single / Married / Divorced:  Birth Place:  AADHAR No.												N	lo. of	Dep	ende	ents:		

Occupation of Father:		Spouse:	
Have you any relatives working with us	? If YES, please give the na	me:	
What is your mother tongue?			
Languages known	Spoken	Read	Written
1.			
2.			
3.			
4.			
Spoken / Read / Written: Please tick ma			
Do you suffer from any illness, please e	elaborate:		
	REFERENCE (	CHECK:	
A. Name of your current employer:			
1. Reporting location:			
2. Name, mobile # of HR / Admin ma	nager:		
3. Name, designation, mobile # of yo	ur reporting manager:		
B. Name of your previous employe	r:		
Reporting location:			
2. Name, mobile # of HR / Admin ma	nager:		
3. Name, designation, mobile # of yo	ur reporting manager:		
, ,			
Consolidated Remuneration expected (CTC i.e. cost to company) Rs.	І СТС		per month
Consolidated Remuneration expected (CTC i.e. cost to company) Rs.	ІСТС		per annum
Notice Period required to join us, in cas	se you are selected	days.	
Any other information you wish to add:			
I hereby certify that the above informati interview process and / or during the terminated with immediate effect withou	employment period; found		
Name:			
Place & Date:			Signature of Applicant

INTERVIEW REPORT OF MANAGEMENT:
D .
Date:
APPOINTMENT TERMS:
APPOINTMENT TENMS.
Date:

Signature of Appointing Authority