

PRE-INTERVIEW FORM FOR EXECUTIVES

Advt. No.: BDL/C-P&A/PLG.&ED/ADVT NO.2016-1

Name of the Post applied for: _____

Online Registration No. : _____

Working in Govt. Organisations / PSU: Yes No

In case of 'Yes', whether applied through proper channel: Yes No

Please attach a copy of the forwarding letter of the employer or NOC at the time of Interview.

1	Name of the Candidate (as per X th Class certificate in capital letters)	
2	Date of Birth (DD/MM/YYYY)	
3	Father's Name (as per your X th Class certificate) & Occupation	
4	Present Address (for correspondence)	
5	Permanent Address	
6	Phone No. / Mobile No.	
	Alternate Contact No.	
7	e-Mail ID (Mandatory)	
8	Nationality	
9	Religion	
10	Place of Birth & State	
11	Marital Status	
12	Specify the category you belong to (tick)	GEN / OBC/SC/ST
13	Are you a person with disability (if yes, pl. specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> Visually / Hearing / Orthopedically % of disability: <input type="text"/>
14	Are you an Ex- Servicemen (if yes, pl. specify no. of years of service)	Yes <input type="checkbox"/> No <input type="checkbox"/> No. of years: <input type="text"/> Date of retirement (DD/MM/YYYY):

Signature:_____

15. Educational Qualifications (Declare all the qualifications, which you possess and pursuing). Also, indicate period of gap in academics, if any, and reason for the break.

Sl. No.	Qualification (X th Class onwards)	Subjects / Specialization	i. Period of Study (From (MM/YY)_To (MM/YY) ii. Total duration of the Course	University / Institution & Address	Full Time / Correspondence / Evening classes / Part Time	Month & Year of Passing (as per certificate)	Percentage (%) of Marks secured (average of total marks obtained in all semesters/years)	Course is Recognized by UGC / AICTE/ DEC / State Govt. / Central Govt. (please specify)
1.								
2.								
3.								
4.								

I hereby declare that I do not possess any other qualifications and also not pursuing any other course. I may be terminated without notice if Management found that I have concealed any higher qualification, which I have possessed before joining the Company and also pursuing higher qualification at the time of joining the Company (Please attach additional sheet, if required).

Signature: _____

16. **Post/Designation wise & Company/Firm wise Experience details to be mentioned, if any** (Start from Present Employer/Company). Management Trainee/ Probationary Trainee/ Apprenticeship/ Training period, if any, during the course of employment, should be indicated separately.

S. No. (1)	i. Name of the Organisation / Firm. ii. Address iii. STD code & Telephone No. iv. e-mail. (2)	Central / State / PSU / PSB / Private (3)	Designation / Post held (4)	i. Scale of Pay ii. Basic iii. DA iv. Gross Salary per month (in case of Private sector employees) (5)	Contract / Trainee / Tenure / Permanent (6)	i. Provident Fund No., ii. Universal Account No. iii. EPF Office address (7)	Period of Service		Total Period of Service (Years - Months) (10)	Reasons for leaving (11)
							From (dd/mm/yyyy) (8)	To (dd/mm/yyyy) (9)		
1.	i.			i.		i.				
	ii.			ii.						
	iii.			iii.						
	iv.			iv.						
2.	i.			i.		i.				
	ii.			ii.						
	iii.			iii.						
	iv.			iv.						
3.	i.			i.		i.				
	ii.			ii.						
	iii.			iii.						
	iv.			iv.						

Signature: _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
4.	i.			i.		i.				
	ii.			ii.		ii.				
	iii.			iii.		iii.				
	iv.			iv.						
5.	i.			i.		i.				
	ii.			ii.		ii.				
	iii.			iii.		iii.				
	iv.			iv.						
6.	i.			i.		i.				
	ii.			ii.		ii.				
	iii.			iii.		iii.				
	iv.			iv.						
7.	i.			i.		i.				
	ii.			ii.		ii.				
	iii.			iii.		iii.				
	iv.			iv.						

I hereby declare that I have written correct experience details. I may be terminated without notice if Management found that I have concealed/ wrong experience details mentioned the above experience details column. **(Note:** If the post & Company wise experience details are more than 07 rows, please furnish the experience details in additional sheet(s)).

Signature:_____

17. Experience details, if any, starting from the Present Employer /Company & Present Post /Designation wise.

Sl. No.	Name of the Company Office / Firm or Institution	Post held (Period-From dd/mm/yyyy To dd/mm/yyyy)	Nature of Duties for the said Post (Min. 100 characters & Max. 200 characters)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Signature: _____

