

# VIGNYAN INDUSTRIES LIMITED

(A Subsidiary of BEML LIMITED)

P.B. No, 4, B.H.Road, TARIKERE - 577228, Karnataka, India



## APPLICATION FORM

Advertisement No. ....

Post Applied For .....

Paste self attested recent passport size Photograph

In case of working in Govt/Quasi-Govt Organizations/ PSU, whether applied through proper channel:

Yes  No  Not applicable

If Yes, Please attach a copy of the forwarding letter of the employer or NOC to be produced at the time of Interview

1	<b>Name of the Candidate</b> (in Block Letters)	_____	_____	_____
		(First Name)	(Middle Name)	(Last Name)
2	<b>Gender</b> (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
3	<b>Father's Name</b>	Shri. _____		
4	<b>Communication Address</b>	House.No ..... Street No..... Village..... Taluk..... District..... State..... Pin Code..... Telephone (office).....(home)..... Mobile..... email.....		
5	<b>Date of Birth</b> : - ...../...../..... ; <b>Age</b> as on 22.03.2014: .....Yrs.....Months.....Days DD MM YYYY			
6	<b>a) Nationality (by birth/ domicile) :</b>	<b>b) Religion :</b>		
7	<b>Category</b> (please tick) SC/ST/OBC category need to enclose the caste certificate issued by the Competent Authority as per Govt. of India notification/guidelines.	<input type="checkbox"/> GEN	<input type="checkbox"/> OBC	<input type="checkbox"/> SC <input type="checkbox"/> ST Mention Sub Caste (if applicable).....
8	<b>Are you a Person With Disabilities (PWD)?</b> If yes, mention (VH/OH/HH) and enclose a copy of the supporting document from the competent authority.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, mention (VH/OH/HH).....; Percentage of disability.....

### 9. QUALIFICATION (Starting from Latest qualification acquired)

Exam or Degree/ Diploma	Name of the Institution / University	Mode (Regular/Correspondence/Part-time)	Years Studied	Year of passing	% of Marks & Class / Division or Equivalent grading	Specialization (Branch incase of Engg)

EMPLOYMENT RECORD (Need to be supported by relieving letter at the time of joining)

<b>Total Experience (yrs) :</b>	<b>Total post qualification Exp (yrs):</b>
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**10. Current Employment**

(a) Name & Address of Current Employer	Designation	Period		Duration (in yrs)
		From	To	
(b). Complete Break-Up of Salary and Perks:- (please enclose latest month Salary Slip)  Scale of Pay : Basic : DA : HRA Any Other (please specify) :		(c) Other Annual Benefits (please specify)		
<b>Annual CTC (All Inclusive):</b>				

**11. Previous Employment** (Starting from the latest)

Name of the Employer	Designation	Period		Duration (in Years)
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

\* Break during employment (if any). Period & Reasons

**DECLARATION**

I hereby declare that the above statements are true, complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect, my candidature / appointment may be considered terminated without any notice. I also declare that I am citizen of India by birth / domicile.

**Place:**

**Date:**

**(Signature of the Candidate)**

**BRIEF WRITE UP ON YOUR QUALIFICATION, EXPERIENCE AND EXPERTISE IN THE AREA OF ACCOUNTS**

01. Name
02. Father's Name
03. Qualification
04. Professional Work Experience
05. Other information, if any