

**BENGAL CHEMICALS & PHARMACEUTICALS LTD.
(A GOVERNMENT OF INDIA ENTERPRISE)**

PLEASE FILL UP ALL COLUMNS FULLY IN OWN HANDWRITING. PLEASE MARK (✓) IN THE <input type="checkbox"/> AS APPLICABLE						SC / ST / OBC / PHY / GEN	
ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL						Please Tick	
Position Applied for :		Date Available :		Salary Expected :		PHOTOGRAPH	
PERSONAL DATA							
Full Name : Mr./Mrs./Miss.							
Last:		First:		Middle:			
Address (Permanent):				Telephone No.			
Address (Present):				Telephone No.			
Date of Birth:		Age:	Place of Birth:	Nationality:	Religion:	Height.(M.M.):	Weight.(K.G.):
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
Name:				Relationship:		Telephone No:	
Address :							
MARITAL STATUS							
<input type="checkbox"/> - Single <input type="checkbox"/> - Married <input type="checkbox"/> - Separated <input type="checkbox"/> - Divorced <input type="checkbox"/> - Widow <input type="checkbox"/> - Widower							
Name		Date of Birth		Nationality		Occupation	
Wife/Husband							
Children						Sex	
1)							
2)							
3)							
4)							
Other Dependent						Relationship:	
1)						Relationship:	
2)						Relationship:	
Applicant's Father :				Occupation :		Living : <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Applicant's Mother :				Occupation :		Living : <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Address :						Telephone No:	
Wife/Husband's Father :				Occupation :		Living : <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Wife/Husband's Mother :				Occupation :		Living : <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Address :						Telephone No:	
Brother/ Sister :				Occupation :		Age:	
Brother/ Sister :				Occupation :		Age:	
Brother/ Sister :				Occupation :		Age:	
Brother/ Sister :				Occupation :		Age:	
Have you suffered any illness during the last five years involving absence from duty for a continuous period of/over two years? <input type="checkbox"/> - Yes <input type="checkbox"/> - No, If Yes, give details.						Have you applied to this Company Before? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
				Date:		Position:	
						Interviewed <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
				Date of Interview :		Results:	
Do you have any permanent disability: <input type="checkbox"/> - Yes <input type="checkbox"/> - No, If Yes, give details.						Are you related or known to any past or present employees of this company? <input type="checkbox"/> - Yes <input type="checkbox"/> - No, If yes, give details.	
Have you ever been employed by this company? <input type="checkbox"/> - Yes <input type="checkbox"/> - No						Relationship:	
From		To		Position		Name :	
Dept.		Div		Location		Where Employed:	

DETAILS OF EDUCATION	
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[illegible]

Membership of Academic/ Professional institution
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Academic Awards/Honors	
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Subjects most interested in	Languages known
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Details of articles, papers etc. published in journals or magazines

DETAILS OF EXPERIENCE & PRESENT SALARY	
1. Name of Employer	2. Position Held
3. Date of Appointment	4. Date of Termination
5. Present Salary	6. Present Salary
7. Present Salary	8. Present Salary
9. Present Salary	10. Present Salary
11. Present Salary	12. Present Salary
13. Present Salary	14. Present Salary
15. Present Salary	16. Present Salary
17. Present Salary	18. Present Salary
19. Present Salary	20. Present Salary
21. Present Salary	22. Present Salary
23. Present Salary	24. Present Salary
25. Present Salary	26. Present Salary
27. Present Salary	28. Present Salary
29. Present Salary	30. Present Salary
31. Present Salary	32. Present Salary
33. Present Salary	34. Present Salary
35. Present Salary	36. Present Salary
37. Present Salary	38. Present Salary
39. Present Salary	40. Present Salary
41. Present Salary	42. Present Salary
43. Present Salary	44. Present Salary
45. Present Salary	46. Present Salary
47. Present Salary	48. Present Salary
49. Present Salary	50. Present Salary
51. Present Salary	52. Present Salary
53. Present Salary	54. Present Salary
55. Present Salary	56. Present Salary
57. Present Salary	58. Present Salary
59. Present Salary	60. Present Salary
61. Present Salary	62. Present Salary
63. Present Salary	64. Present Salary
65. Present Salary	66. Present Salary
67. Present Salary	68. Present Salary
69. Present Salary	70. Present Salary
71. Present Salary	72. Present Salary
73. Present Salary	74. Present Salary
75. Present Salary	76. Present Salary
77. Present Salary	78. Present Salary
79. Present Salary	80. Present Salary
81. Present Salary	82. Present Salary
83. Present Salary	84. Present Salary
85. Present Salary	86. Present Salary
87. Present Salary	88. Present Salary
89. Present Salary	90. Present Salary
91. Present Salary	92. Present Salary
93. Present Salary	94. Present Salary
95. Present Salary	96. Present Salary
97. Present Salary	98. Present Salary
99. Present Salary	100. Present Salary

GIVE TOTAL PERIOD UP TO DATE WITHOUT LEAVING ANY OTHER IN CAREER. STATE ALL POSITIONS IN COMPANY

Company:- Name & Address	Exact Nature of duties performed	Reason of leaving
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PERIOD OF EMPLOYMENT	Gross Earning Per
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From:	To:	Total Yrs.	month

Position:	
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Company:- Name & Address	Exact Nature of duties performed	Reason of leaving
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PERIOD OF EMPLOYMENT	Gross Earning Per
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From:	To:	Total Yrs.	month	
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Position:	
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Company:- Name & Address	Exact Nature of duties performed	Reason of leaving
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PERIOD OF EMPLOYMENT	Gross Earning Per	
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From:	To:	Total	Yrs.	month

[illegible]

Company:- Name & Address	Exact Nature of duties performed	Reason of leaving
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PERIOD OF EMPLOYMENT	Gross Earning Per	
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From:	To:	Total Yrs.	month

Position:	
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Company:- Name & Address	Exact Nature of duties performed	Reason of leaving
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PERIOD OF EMPLOYMENT	Gross Earning Per	
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From:	To:	Total Yrs.	month

Position:	
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USE ADDITIONAL SHEET IF REQUIRED

SALARY DETAILS OF CURRENT POSITION HELD	
1. Position Held	
2. Salary	
3. Date of Appointment	
4. Date of Termination	
5. Name of Employer	
6. Address of Employer	
7. Telephone Number	
8. E-mail Address	
9. Other Details	

[illegible]

Participation in sports									
Hobbies									
Extra curricular activities (Including any office held)									
REFERENCE - LIST THREE NAMES OTHER THAN RELATIVES, EMPLOYMENT AND COLLEGE REFERENCES PREFERRED									
Sl. No.	Name		Address			Occupation			
i									
ii									
iii									
Have you any objection to our securing confidential reports from									
Your former		Your present			Other				
Employers		Employer			References				
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		<input type="checkbox"/> - Yes <input type="checkbox"/> - No			<input type="checkbox"/> - Yes <input type="checkbox"/> - No				
Remarks, if any									
				Date:		Signature of Applicant			
FOR OFFICIAL USE ONLY									
Rejected	Regret	Hold(Position)	Position being considered for			Result			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1)						
			2)						
			3)						
Hired	Position	Department	Div./Location	Date offered	<input type="checkbox"/> Joined Date	<input type="checkbox"/> Refused Date			
<input type="checkbox"/>									
Remarks					Signature				