



# APPLICATION FORM

Affix Photograph of the Candidate

Full Name:	
Post Applied for: _____	

**Gender:** M / F    **Age:** \_\_\_ Years    **Date of Birth:** \_\_/\_\_/\_\_    **Place of Birth:** \_\_\_\_\_  
**Citizenship:** \_\_\_\_\_    **Religion:** \_\_\_\_\_    **Married:** Yes / No    **Blood Group:** \_\_\_\_\_  
**Aadhar No.:** \_\_\_\_\_

### Communication Details:

Present Address:	Permanent Address:

Email: \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Residence Telephone No.: \_\_\_\_\_

Is/are there any of your relative working in the GNFC ? If yes, please give details. Yes/No.

Name	EC No.	Designation	Deptt.	Relationship
1.				
2.				
3.				

**A. Educational Qualification: (Starting from latest qualification)**

Educational Std./ Degree/Post Graduation	Year of Passing	Name of the Institute / college	Subjects / Discipline/Specialization/s	Grade/ %age/Class	University

**Other qualification (If any) :** \_\_\_\_\_

**B. Family details:**

Relation	Name	Profession	Office Name & Address	
Spouse				
Father				
Mother				
Children				
1				
2				

**Languages Known: (Classify: Very Well, Good, Fair, Little)**

Language	Write	Read	Speak

**Mother Tongue:** \_\_\_\_\_



**Reference : (Person mentioned should hold responsible position and should not be a relative)**

Name	Address & Contact No.	Occupation	Years of acquaintance
1.			
2.			

**DECLARATION OF CURRENT / LAST SALARY DRAWN**

Name of the candidate		
Name of the organization		
Post held		
Scale of pay		
Date of next increment		
	<b>Rs. Per Month</b>	<b>Rs. Per Annum</b>
Basic pay		
Personal pay		
Dearness Allowance		
Additional D A		
House Rent Allowance		
City Compensatory Allowance		
Conveyance Allowance / Assist.		
Professional / Book Allowance		
Gardening Allowance		
Canteen Allowance / Assist.		
Education Allowance / Assist.		
Medical Allowance / Assist.		
Washing Allowance		
Hazardous / Chem. Allowance		
Shift Allowance		
Other Allowance, If any,		
LTC / LTA		
Bonus / Gift		
Welfare Items		
Medical Reimbursement		
Uniform & Shoes		
PF		
Gratuity		
Pension		
Furniture facility / Allowance		
Other perks, If any		
<b>Grand Total (CTC)</b>		

**Have you ever applied GNFC earlier? Yes / No.**

If yes, Position: \_\_\_\_\_, Interview Date: \_\_\_\_\_.

I hereby declare that the information furnished above by me is true and I will furnish proof on any of the above when asked to.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the candidate

**Note: Photocopies of documents regarding Age, Qualification, Experience, Last Salary Slip, Aadhar card are to be enclosed without FAIL.**

**Enclosure:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**For office use only**

**Status** :

Shortlist

Not suitable

**Function** : \_\_\_\_\_

**Designation may be given:** \_\_\_\_\_

**Short listing Approved by** : \_\_\_\_\_