

NISIKI INDIA PRIVATE LIMITED
1st Floor, Silvistan Apartment, Meurine Street,
M.G. Road, Kandivali (W), Mumbai-400067

Please affix
your passport
size photo
here

APPLICATION FOR EMPLOYMENT

01. Please answer each column fully and neatly in your own handwriting or in electronic form.

02. Please ✓ in the wherever applicable.

INTERVIEW LOCATION

NAME IN FULL
(in block letters) _____
FIRST MIDDLE SURNAME

PERMANENT ADDRESS ADDRESS FOR COMMUNICATION
.....
.....
Tel. No. (Specify area code) Mobile No.
..... E-mail

DATE OF BIRTH (dd/mm/yyyy)	AGE	PLACE OF BIRTH (CITY & COUNTRY)	DOMICILE OF (STATION IN INDIA)
.....

CITIZENSHIP

SEX : MALE FEMALE PAN CARD NO. _____

RELATIONSHIP	NAME	OCCUPATION	ADDRESS
FATHER/ GUARDIAN			
MOTHER			
SPOUSE			
CHILD 1			
CHILD 2			
SIBLINGS			

BLOOD GROUP : ALLERGIES, IF ANY

LAST MAJOR ILLNESS / SURGERY (specify date)
.....
.....



PASSPORT DETAILS	DO YOU HAVE PASSPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE FILL IN THE PARTICULARS					
	PASSPORT NO. :	DATE OF ISSUE:	VALID UPTO :	ISSUED BY:	PLACE :	
ADDRESS IN PASSPORT :		EMIGRATION CHECK REQD : YES <input type="checkbox"/> NO <input type="checkbox"/>				
.....		IN CASE YOU HAVE ONLY APPLIED FOR PASSPORT,				
.....		DATE OF APPLICATION :				
.....		TO WHOM :				
EDUCATION	LEVEL **	XSTD*	XII STD/ DIP/EQUIV.*	GRADUATION*	POST GRADUATION*	OTHERS*
	NMAE OF THE QUALIFICATION AWARDED					
	BOARD/UNIVERSITY					
	SCHOOL/ COLLEGE					
	AREA OF SPECIALIZATION					
	YEAR & MONTH OF FINAL EXAMINATION					
	TOTAL AGGREGATE MARKS SCORED FOR ALL SUBJECTS/ SEMESTERS/ YEARS					
	MAX, MARKS FOR ALL SUBJECTS SEMESTERS/YEARS					
	PERCEBTAGE/CGPA/ GRADE FOR ALL YOUR SUBJECTS/SEMESTERS					
	POSITION/RANK IN THE CLASS					
*ALL PERCENTAGES/CGPA SHOULD BE SIMPLE AVERAGE FOR ALL YOUR SUBJECT /SEMESTERS/YEAR.						
**ALL INFORMATION PROVIDED WOULD BE VALIDATED AT THE TIME OF JOINING, IF AN OFFER IS MADE.						
GAPS IN EDUCATION (If any)						
SCHOLASTIC ACHIEVEMENTS (Ranks,Merit,Scholarships,Prizes etc.)						
.....						
EXTRA CURRRICULAR ACTIVITIES						
.....						
.....						
LANGUAGES	MOTHER TONGUE :	PROFICIENCY:				
	highlight other regional	Can understand	Can Speak	Can Read	Can Write	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



PLEASE WRITE 'NA' IF NOT APPLICABLE

Specify clearly in case of part time/contract work experience. Notice period required -----

WORK EXPERIENCE

ORGANIZATION	PERIOD (MM/YYYY)			DESIGNATION	MAJOR RESSPONSIBILITIES	REASON FOR SEPARATION
	FROM	TO	DURATION			

REFERENCES

LIST THREE PROFESSIONAL REFERENCES (not related)

SL.NO.	NAME & ADDRESS	OCCUPATION	EMAIL	TEL. No.



DO YOU KNOW ANYONE WORKING AT NISIKI PRESENTLY YES NO
 IF YES, PLEASE LIST THEM BELOW

REFERENCES

NAME	RELATIONSHIP	DESIGNATION

CONTACT PERSON IN CASE OF EMERGENCY :

NAME & ADDRESS	TEL. NO. (EVEN P.P)	RELATIONSHIP

COMPENSATION

COMPENSATION**	CURRENT	NEXT REVISION EXPECTED IN YOUR PRESENT JOB DATE	YOUR EXPECTATION AT NISIKI
1. MONTHLY			
BASIC			
HRA			
Deamess Allowance			
Reimbursement			
Professional Jounals			
Education Allowance			
Other Monthly Allowance			
SUBTOTAL (A)	0		
2. ANNUAL			
LTA			
Medical Reimbursement			
Bonus/ Ex-gratia			
Other Annual Benifite			
SUBTOTAL (B)	0		
3. RETIREMENY BENEFITS			
Provident Fund			
Gratuity			
Superannuation			
SUBTOTAL (C)	0		
GRAND TOTLA (A+B+C)	0		

DECLARATION :

I hereby declare that the above information is true to the best of my knowledge and belief

.....
Date

.....
Name/Signature

** ALL INFORMATION PROVIDED WOULD BE VALIDATED AT THE TIME OF JOINING, IF AN OFFER IS MADE.