(For Office									_		_		. , ,	_	~_•	<b>y</b> ,	T.4	aę	3aı	lan	lu						
I UI UIIILA	0.1150.4	anly)											S	tric	ctly	Cor	nfid	ent	ial								
CANDI			inforn	nation	to he	fillo	l in h	v can	didata	20.00	wn h	andwris	ina ir	· C4	DITA	1 1 57	TED	S on	(v.)	-							
			IIIIOIII	lation	IO DE	lilled	ן ווו נט	y cari	лиан	350	WII II	ariawiii	irig ir	CA	PITA	LLEI	IEK	S OII	<i>'y)</i>	1		DI	026	se at	fiv		
Name N	/Ir./IVIS	5																						test	117		
																					(	color	ph	oto	gra	ph	
Perman	ont A	•		e write	e you	ır nan	ne as	appe	aring	in y	our S	SSC Ce	rtifica	te –	Unde	erline	surn	ame)									
		luures	,s. 																	1							
																				Pin							
Current	Maili	na Ar	ldres	s:			<u> </u>					, 1											1	1			
							+		+						+												
							_								-												
																					Pin						
Teleph	ione: (	Office:											R	es: _													
			(C	City Co	ode) -	- (Are	a Co	de) –	Numi	ber					(	City (	Jode,	) - (A	rea C	Code)	- Nur	nber					
E-mail:	:															Mobile	e:										
5	. D											N	larita	l Sta	ıtus							No. o	of Ch	nildrer	1		
Date of	i Birth		DD		MM			YY	ΥΥ				[Plea				Si	ngle	Ma	rried							
May we	e tele <sub>l</sub>	ohone	you a	at you	r offi	ce, if	nece	essary	? [Pl	ease	· (<)]	Yes		Ν	lo [	]											
To be f	filled	in by	fema	le car	ndida	ates:																					
Are you	u preg	jnant a	at the	time (	of ap	plyin	g for	job w	ith th	e IC	FAI	Univer	sity?	Yes		1	No C	]									
FAMIL																											
(Please Parent																											
Oualific																											
Occupa																											
Design	nation								Oı	rgar	nizatio	on															
Addres																											
																					P	in					
Teleph	none:			ode) – (					Res:			ode) – ( <i>F</i>					Mol	oile:									
					, 0	0000)				`	o, o	040) (		ouo,		20.											
LANGU (Please					y suc	ch as	Excel	lent/V	ery go	od/(	Good/	/Fair/wo	rking	1													
Langu											Vritir						Rea	ding	J				Sp	eakii	ng		
																					$\dagger$						
														1													

IV.	ANY MAJOR ILLNESS/PHY (Please give details)	SICAL DISABILITY	' (if any)												
	Major Illness														
	Physical Disability:														
٧.	ACADEMIC QUALIFICATION	ONS													
	Description	Title	School / College / Uni Institute	versity /	Year of Passing	Medium of Instruction	Aggregate Marks (%)								
	School														
	Junior College														
	Graduation														
	Post Graduation														
	Professional Qualification														
	Other Qualification (if any)														
	* Please specify if you have not	attended a full-time co	llege or completed the course t	nrough corres	pondence or one-tin	ne sitting or in less th	an 3 years								
	Have you ever been susper disciplinary reasons? [Pleat If "Yes" please give details:	se (🗸)] Yes 🛚	□ No □												
	Have you ever been convid If "Yes" please give details: _					es 🗆 No 🗖									
VI.	COMPUTER LITERACY  All applicants are required to have basic skills in computing. They include word processing, spreadsheet and file management.														
			Please S	pecify		Level of Profici	ency								
	Operating Systems														
	Application Packages														
	Languages														
VII.	AWARDS AND RECOGNIT (List distinctions, honors, schola		ademic, extracurricular, professi	onal, commur	nity).										
		Award	· · · · · · · · · · · · · · · · · · ·	Date	Basis of Selec	ction									
VIII.	. EXTRA-CURRICULAR ACT	TIVITIES	L												
	(Please list down the extra-curri	cular activities, if any, i	n which you participated during	your school/co	ollege days).										
IX	ARTICLES AND BOOKS														
171.	Have you ever written any article	es and books for your s	school/college magazine or gen	eral newspape	ers/ magazines/prof	essional magazines/j	ournals?								
	[Please (✓)] Yes □ N														
	If "yes", please enclose photoco	opies of the same													

CURRENT EMPLOYMENT					
Organization					
Address					Pin:
Nature of Business					
No. of Employees (Approx.)				Gross Turnover (Approx.)	
Initial Position				Present Position	
Date of Joining	dd	mm	уууу	Since	dd mm yyyy
Reason for seeking a change					
PREVIOUS EMPLOYMENT	1				
Employer's Name & Address* Turnover, no. of employees	Period (	of Service To	Total No. of Years/Months	Designation & Area of work	Reason for change
May we refer to your current and			1 /2	res  No	
Have you ever been suspended or f "Yes" please give details:					

XI.	EMOLUMENTS OF CURRENT EMPLOYMENT	

	Components	On Jo			nt / Now
		Per Month	Per Annum	Per Month	Per Annum
Α.	SALARY				
	Basic				
_	DA				
_	HRA				
_	CCA				
	Conveyance Allowance				
	Incentives				
	Personal Allowance				
	Medical Allowance				
	Other Allowances*				
	Gross Salary (A)				
В.	BENEFITS				
	PF				
	ESI				
	Medical Reimbursement				
	LTC				
	Others				
	Gratuity				
	Super Annuation				
	Total Benefits (B)				
	Total Salary Benefits (A + B)				

XII.	STRENGTHS (Please identify your major strengths, not exceeding 4 lines)
	How do you propose to build on these strengths?
XIII.	WEAKNESSES (Please identify your major weaknesses not exceeding 4 lines)
	How do you propose to overcome these weaknesses?
XIV.	CAREER GOALS & ASPIRATIONS (Please identify your career goals in the near-term (next 5 years) and long-term (next 10 years)

	WHY DO YOU WISH TO V CONTRIBUTIONS.	VORK	FOF	R TH	E IC	FAI	UNIVERSITY? FOCUS ON YOUR	POTENTIAL TO MA	KE S	SIGNIFICANT
	(Please think carefully and wri	te)								
			nt of	any	Pro	grar	m of the ICFAI Group? [Please ( )]	Yes □ No □		
	If "Yes" please give details:					ı				
	Enrolme	nt No.					Program	Result		
/II	. Have you applied in the	past	and	/ or	beer	n inte	erviewed by the ICFAI Group? [Ple	ease (🗸)] Yes 🗆	N	o 🗆
	If "Yes" please state									
	Applied for the post of: _							Place:		
	5						Outcome of the application/Interview	Selected & Joined		Selected & Not Joined
	Date of Interview D	D	М	М	Υ	Υ	<del>- </del>	Not Selected		Not called for Interview
	Organization									
/111	L Have you over worked	with t	ho IC	יבאו	Cro	un ii	n the past? [Please (✔)] Yes □	No. $\square$		
/ 111	If "Yes" please give deta		ne ic	,r Ai	GIO	up II	if the past? [Please (V)] Tes 🗀	NO L		
	Organization:						Location: Period of worki	ng: From:		
								To :		
	Department :									
	Designation:						Reason for leaving:			
	Designation:						Reason for leaving:			
⟨.	Whether any of your re	lative	(s) is	s/are	curi		Reason for leaving:  ly working in the ICFAI Group? [F	elease (🗸)] Yes 🗖	No	
₹.						entl	ly working in the ICFAI Group? [P			
⟨.	Whether any of your re					rentl	ly working in the ICFAI Group? [F	Organiz	ation:	
₹.	Whether any of your re If "Yes" Specify  1. Name:					rentl	ly working in the ICFAI Group? [F	Organiz Relation	ation: ship:	

Address:	Address:		
Phone: Off: Phone: Off: Phone: Off: Phone: Off: (City code - Area Code - Number) Res: (City code - Area Code - Number) E-mail: Mobile: Mobile: Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).	Phone: Off:    Phone: Off:		
Phone: Off: Phone: Off: Phone: Off: (City code - Area Code - Number) Res: (City code - Area Code - Number)	Phone: Off: Phone: Off: Phone: Off: (City code - Area Code - Number) Res: (City code - Area Code - Number)		
Phone: Off: Phone: Off: Phone: Off: (City code - Area Code - Number)  Res: (City code - Area Code - Number)  E-mail: Mobile: Mobile:  Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).	Phone: Off: Phone: Off: Phone: Off: (City code - Area Code - Number)  Res: (City code - Area Code - Number)  E-mail: Mobile: Mobile:  Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).		
(City code - Area Code - Number)  Res:	(City code - Area Code - Number)  Res:	Pin	
Res:	Res:		
City code - Area Code - Number)   (City code - Area Code - Number)	City code - Area Code - Number)   (City code - Area Code - Number)		
Mobile: Mobile: Mobile: Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).  Expected Emoluments	Mobile: Mobile: Mobile: Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).  Expected Emoluments		
Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).  Expected Emoluments	Special Points  Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments	E-mail:	E-mail:
Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments	Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments	Mobile:	Mobile:
Any special points you wish to bring to the notice of the ICFAI University in support of your candidature? (Tell us why we should select you).  Expected Emoluments	Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments		
Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments	Any special points you wish to bring to the notice of the ICFAI University in support of your candidature?  (Tell us why we should select you).  Expected Emoluments	Special Points	
(Tell us why we should select you).  Expected Emoluments	(Tell us why we should select you).  Expected Emoluments	·	NEAL Haireanita in augment of recurrendidature?
Expected Emoluments	Expected Emoluments		FAI University in support of your candidature?
		(Teil us why we should select you).	
(Please indicate your expectations in terms of gross monthly emoluments)	(Please indicate your expectations in terms of gross monthly emoluments)	Evacated Empluments	
			nly emoluments)

I certify that the information present	DECLARATION  ed in this Employment Application Form	and other application material is accurate, comple	te and
honestly presented. I understand a	nd agree that any inaccurate information or for disciplinary action or dismissal if (	n, misleading information or omission will be cause discovered at a later date. I agree to abide by the	for the
I agree to abide by the Rules and the jurisdiction for all disputes is Hy		nt with the ICFAI University. I clearly understand	d that
Place :		Signature of the Applicant	
Date :	Na	ame :	
	FOR OFFICE USE ON	NLY	
□ Selected	□ Waitlisted	□ Rejected	
	🗆	🗆	
\$	IGNATURE OF THE SELECTION COM	MITTEE MEMBERS	
<b></b>	□	□	
	NAMES OF THE SELECTION COMM	ITTEE MEMREDS	