

PANJON LIMITED

Corp. Office- 01, Panjon Farm House, Near Hinkargiri Jain Tirth, INDORE (M.P.) 452005 INDIA

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Website- www.panjon.in E-mail- info@panjon.in

EMPLOYMENT AP	PLICATIO	N FORM		PASTE RECENT
Please fill the form in Capital Letters only.				PASSPORT SIZE
POST APPLIED FOR				РНОТО
H.Q. (LOCATION)				
REFERENCE NO			DAT	E
1. FULL NAME:				
2. PERMANENT ADDRESS		Phone (	(R)	
		Mobile(I	Reliance)	
		Mobile-		
E-MAIL ID				
3. LOCAL ADDRESS		Pho	ne	
		Mob	ile	
4. Place of birth: Date of birth: .		Age:	Height	t:
5. Marital status : Married / Unmarried	if married	, no. of children:	and	their age
Other dependents, if any:			Blood C	Group:
6. Father's / Husband's name and address:				•
7. BANK ACCOUNT DETAILS	K	nowledge of lan	guage: (Fill	with language & Y /N)
BANK NAME	1	)	(S	peak / Read / Write )
A/c No	2	)	(5	Speak / Read / Write )
BRANCH	3	)	(S	Speak / Read / Write)
9 EDUCATIONAL QUALIFICATION (state highest qual	lification first\:			
8. EDUCATIONAL QUALIFICATION (state highest qual	Class /	Percentage	Year of	
S.No Degree / Certificate University / College / School	Divison	of marks	passing	Principal subjects (Including language)
9. Vocational / Technical qualification:				
10. Computer knowledge:				
11 Extra-curricular activities: (Sports / Literary / Debating / C	tultural etc.)			

12. Any	other qua	lification not ment	ioned a	above:							
13. Are	you purs	uing any formal	studie	s / course	?	Yes	/No.				
If yes,	please ela	aborate:									
14. <b>EN</b>	IPLOYME	ENT RECORD (S	Start fro	m present	emplo	yment	):				
S.No Name of Organisation		Duration of Employment From To		ent Design		esignation	Total Emoluments Consolidated Daily Salary Allowance		Reasons for Leaving		
15. DE	TAILS OI	F WORK EXPER	RIENC	E (for Ma	rketin	g pers	sonnel (	only):			
S.No	Period	Designation	Com	npany's Na	ame		erage es PM	Major Products Sold	Area o		No. of Persons Working / Worked under you
16. Fu	II details o	of last drawn sala	ary:							<u>'</u>	
			•			D.	Any ot	her allowanc	es:		
B. Dea	arness Allo	owances :				. Вс	nus @	:			
C. Hou	use Rent A	Allowance:				G	ratuity	@:	P	F@:	
		ments expected									
		vhen can you joi									
	-	general state o									

20. Give Name, Add (other than your related)	tives) as reference:	:				
21. a). If any relative If so, give details: b). Name and design If the company:	nation of persons kr	nown to you (oth	ner than rel	atives)		
22. Have you earlier	been convicted by	court of law? If	so, give de	etails:		
23. Have you applie	d earlier for any pos	st in the compan	ny? If so, gi	ve details:		
24. Name of the Dep						
1						
2						
25. Is your spouse a	working profession	-	_			
26. Do you own any						
27. Do you have the Habit of-	Smoking	Chewing Pan masala		Chewing Tobac	co D	rinking Liquor
Fill with <b>Y / N</b>						
Are you insured: Ye		nount:				
BR	OTHERS			SISTERS		
SNo Age Qua	lification Profess	sion SNo	Age	Qualification	Profession	_
						_
I hereby solemnly any of the above so	tatement is found	to be false or ir	ncorrect. I	will be liable to be	e dismissed	-
Date				Signature of Ap	pplicant	

## **INTERVIEW NOTES**

FIRST INTERVIEW:	DATE: TIME:
Recommended Not	Recommended for appointment
Comments:	
Name & Signature of the Interviewer	
SECOND INTERVIEW:	DATE: TIME:
Recommended Not	Recommended for appointment
	••
Comments:	
Name & Signature of the Interviewer	
ointed,	
ation:	Department:
g Salary:	Allowance, if any:
Date:	Probation / Trainee
	Temporary:
tment approved by:	Period: