

Indian Institute of Management Calcutta

Diamond Harbour Road, Joka, Kolkata - 700 104

PERSONAL DETAILS

[Do not leave the portion unfilled; if not applicable, indicate the same]

[Name and Address should be in Block Letters]

Attested Photograph

Application	for the position	n					
7 (64)			l		<u> </u>		
Name	[Last]		[First]		[Middle]		
Date of birth	_	[Day]	[Month]		Year]		
		s Name [in case of i					
Correspon	<u>dence Address</u>	{Please fill up Bloc	ck Cap	oital Letters}			
Telephone No. with		Telephone No. v				E-Mail	
SID Code	ode [Residence] STD Code [Office		cej				
Dermanent	· Address (Dle	ase fill up Block Car	nital Le	l atterl			
Permanent Address {Please fill up Block Capital Letter}							
Sex	Marital Status	Nationality		Religion	Но	me Town and State	
Whether SC / ST / OBC / PH [kindly mentioned OH / HH / VH and attach attested copy of certificate] / Ex-Serviceman / General, please specify							
If SC / ST	If SC / ST / OBC, please specify Sub Caste and attach attested						
copy of cer	tificate issued	by the appropriate a	authori	ty			
Language Known							
Language		Read		Write		Speak	

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Continuation Sheet ...2.

<u>Educational / Professional Qualification [Starting from School Final [Class – X] onwards] {Please fill up Block Capital Letters}</u>

[If space is insufficient, please attach separate sheet]

Examination	University / Board	From	То	Divn. /	Percentag	Specializati	Special achievement
	/ Institute			Grade	е	on	
	[Location]						

Work Experience [Starting from present organization] {Please fill up Block Capital Letters} [If space is insufficient, please attach separate sheet]

Name & address of	Position held	I -	f service	Total	Gross Annual	Major responsibilities
Company and		<u>From</u>	<u>To</u>	experience in	Salary	
nature of business		[MM/YY]		years &		
		MM/YY]		months		
		1	I	1	I	1

Details of present Salary and Benefits & Scale of Pay/Pay Band & Grade Pay (for Government
Employees)
[If space is insufficient, please attach separate sheet]
Expected Salary:

Continuation Sheet ...3.

Membership of Professional Organization Name and Address of Organizations Type of membership Extra curricular activities / Hobbies / Sports, etc. Any other information, please specify

FAMILY DETAILS

Dependants

Name	Sex	Date of birth	Relation With applicant	Occupation

REFERENCES

[Please give name, address and telephone numbers [office and residence] of two persons under whom you have worked or have had professional interaction]

SI.N o.	Name	Address	Telephone No. and Email-id

NOTE: Furnishing of false information in the case of a candidate selected and employed will be treated as a misconduct

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

D-4-	Signature :
Date	Signature :