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PERSONAL DATA FORM

Position: _____ **Location:** _____

Name of the Institution/School/Organization: _____

Name: _____
(In block letters) (First) (Middle) (Surname)

Correspondence Address: _____

Permanent Address: _____

Phone(Res): _____ **Phone(Cell):** _____

Email id: _____ **Alternate Email Id:** _____

Date of Birth: _____ **Marital Status:** _____

Languages Known:Read: _____

Write: _____

Speak: _____

SC/ST/OBC/GEN:	
If you been involved in any court proceedings:	
If you suffer from any contagious disease:	
List of Professional, Social, Religious or cultural organization of which you are a member:	
If you have ever (directly or indirectly) been connected with any political organization:	
If you ever been employed with any of the company/institute affiliated(directly/indirectly)with the Jaipuria Group	
If any of your friend/relative is employed with the us	



EDUCATIONAL HISTORY

(Starting from Highest qualification)

SNo.	Qualification	Name & Address Of the Instt.	University Board	Year of Completion		Subjects	% Marks
				Starting	Completing		
1							
2							
3							
4							
5							
6							
7							

DETAILS OF THESIS, PAPERS, ARTICLES, BOOKS PUBLISHED

SNO	Thesis, papers, articles, books written	Published by	Date Published

TRAINING & DEVELOPMENT

Any Seminars/Workshops attended/organized

Topic	Date	Organized by	Remarks



EMPLOYMENT HISTORY						
(Starting From latest)						
S. No.	Name of the Company/School/ College	Period of Service		Designation	Scope of Assignment/ Subject /Stream	CTC Drawn
		From	To			
1						
2						
3						
4						
5						

Total Experience:years.....months

CO CURRICULUM ACTIVITIES	
Activities	Details of Experience
Games & Sports	
Art & Craft	
Music & Dance	
Environment Science/Astronomy	
Computer & Technology	
Debates & Quiz etc	
Any other	

FAMILY PARTICULARS						
SNO	Relation	Name	Age	Staying with you (Y/N)	Current Status Student/Employed/Retired	Dependant on you (Y/N)



PROFESSIONAL REFERENCES

Please give references of people who have been professionally associated with you (seniors, colleagues, clients)

S. No	Name	Address	Occupation	May be contacted? (Y/N)

Current CTC Breakup: Fixed _____ Reimbursements _____ Incentives _____ others _____

Total emoluments expected: _____

Notice Period with the current organization/Institution: _____

Any other details you would like to share (Industry, Research exposure you may like to share additionally)

How do you think our institute is going to benefit by appointing you: _____

DECLARATION

I certify that all the information shared above is correct and complete to the best of my knowledge and belief and nothing has been concealed.

Place:

Date:

Signature: