

Human Capital Placement Consultants

City Office:-

Prasanna Estate, Ground Floor.
4 A, Nasiruddin Road.
Kolkata: 700017.

Howrah Office:-

13/2, Amritalal Mukherjee lane,
Shibpur,
Howrah- 711102

INTERVIEWEE INFORMATION FORM

Personal & Confidential

N.B. 1. Please complete in your own handwriting.

2. Please answer all questions completely, if necessary, please attach a separate sheet and add any additional information, which may be relevant.

**Please Affix
A Recent Colour
Passport
Size Photograph**

Position Title :

Location:-

Name In Full :

(In Block Letters)

(FIRST)

(MIDDLE)

(LAST)

Address FOR CORRESPONDENCE:.....

Pin

Own House :-

Rented House :

Telephone Numbers :- Residence :..... Office:-.....

Mobile:- E-mail ID:-.....

Permanent Address :-

Own House :-

Rented House:-

Home Town :

Sex:- M / F

Nationality :-

Place of Birth:

State of Domicile:

SC / ST / OBC (If Yes) Regd.No.

Do you have a valid Passport:- Yes / No? If Yes, Please give the Passport Details: (Enclose a Photocopy of Passport)

Passport No. :

Valid Till :-

Blood Group:-

PAN No.:-

Date of Birth : DD MM YYYY

Age:- Years Months

Height:- Ft Inch

Weight:- Kg

Identification Mark:- (If Any)

Marital Status	Spouse's Name	Spouse's Age, Education & Occupation	Name, Age & Sex of Child / Children
Date of Marriage			

If You have any Other DEPENDENTS, Please Give Particulars, Stating Relationship & Ages:-			

FAMILY DETAILS			
FATHER'S NAME	AGE	OCCUPATION (Name of Organization Position)	STATE OF DOMICILE
MOTHER'S NAME	AGE	OCCUPATION (If any)	STATE OF DOMICILE
BROTHER'S / SISTER'S NAME	AGE	OCCUPATION (Name of Organization Position)	STATE OF DOMICILE

EDUCATION (Start From School Education)						
YEAR		EXAMINATION	SPECIALIZATION	UNIVERSITY	COLLEGE / SCHOOL	CLASS / DIVISION & %
FROM	TO					
Details of Honors & Scholarships during Education Career:- 						

PROFESSIONAL COURSES / SHORT TERM COURSES			
COURSE TITLE	COURSE DURATION	YEAR HELD	ORGANIZED BY

DETAILS OF VISIT TO ABROAD, IF ANY				
PURPOSE (Give Details)	DURATION (Details from Date of Departure of Date of Return)	COUNTRY	COURSES TITLE, IF ANY	SPONSORED BY

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MEMBERSHIP OF PROFESSIONAL INSTITUTE / ASSOCIATION		
NAME OF INSTITUTE / ASSOCIATION	MEMBERSHIP STATUS	YEAR OBTAINED

EXTRA CURRICULAR ACTIVITIES	
PARTICULARS OF HOBBIES / INTEREST / ACHIEVEMENT / WHETHER RECEIPT OF PRIZES / AWARD OF MERIT	
BOOKS & JOURNALS REGULARLY READ	
MEMBERSHIP OF CLUBS SOCIETIES / ASSOCIATES	

IF YOU HAVE DISCERNED YOUR CAREER OBJECTIVES PLEASE SPELL THESE OUT BRIEFLY

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Please use additional sheet if the above is not sufficient

** This should include Basic, D.A., and House Rent & Transport Allowances Only

PRESENT EMPLOYMENT						
NAME, ADDRESS & NATURE OF EMPLOYER'S BUSINESS	ANNUAL SALES TURNOVER		TOTAL NUMBER OF EMPLOYEE'S		NUMBER OF EMPLOYEES REPORTING TO YOU	
DESIGNATION ON JOINING EFFECTIVE FROM						
DESIGNATION AT PRESENT : EFFECTIVE FROM						
BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES AND INDICATE YOUR REPORTING RELATIONSHIP THROUGH AN ORGFANISATION CHART :						
PRESENT SALARY DETAILS (IN RUPEES PER MONTH) :						
	BASIC	DEARNESS ALLOWANCE	HOUSE RENT	TRANSPORT ALLOWANCE	OTHERS	TOTAL
ON JOINING						
AT PRESENT						
BENEFITYS AND PREQUISITIES (IN RUPEES) :						
LEAVE TRAVEL	MEDICAL FACILITIES		CLUB MEMBERSHIP	ANNUAL BONUS/ EX-GRATIA		
RETIREMENT BENEFITS :						
PROVIDENT FUND	GRATUITY		PENSION	OTHERS		

SPECIFY MINIMUM SALARY AND PERQUISITES ACCEPTABLE TO YOU:		
NOTICE PERIOD PERQUIRED TO YOUR PRESENT EMPLOYMENT?		
ANY OTHER INFORMATION THAT MAY BE HELPFUL		
Have you ever convicted for any criminal offence in any Court of law in India?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Give details		
Whether any case constituted against you under I.P.C./ Cr. P.C. in any Police Station within India?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details
REFERENCES (KNOWN BUT NOT RELATED)		
1.	NAME :	ADDRESS :
	
	OCCUPATION :	
2.	NAME :	ADDRESS :
	
	OCCUPATION :	
3.	NAME :	ADDRESS :
	
	OCCUPATION :	

I, Mr. / Ms / Mrs. hereby declare that all the above mentioned information's are true and correct to the best of my knowledge and belief. In case any information is found to be incorrect or false, I am liable to be dismissed from the services/ employment of the company forthwith.

DATE
PLACE INITIAL SIGNATURE SIGNATURE IN FULL