

POSITION YOU ARE APPLYING FOR _____

DATE AVAILABLE FOR WORK _____

EXPECTED SALARY PER MONTH (TAKE HOME) _____

NUMBER OF YEARS IN PRACTICE _____

AFFIX PHOTO

PERSONAL INFORMATION		
FIRST AND MIDDLE NAME	LAST NAME	
FATHER'S NAME	DOB DD-MM-YYYY	
PERMANENT ADDRESS		
CITY	STATE	PINCODE
MOBILE NUMBER	ALT NUMBER	
AADHAR NUMBER	EMAIL ID	

EDUCATION				
SCHOOL / UNIVERSITY	LOCATION	YEAR PASSED	DEGREE RECEIVED	MAJOR

OTHER TRAINING, CERTIFICATIONS OR LICENSES HELD :

LAST EMPLOYMENT		
EMPLOYER	DATE FROM :	TO :
POSITION	SALARY / MONTH TAKE HOME :	
ADDRESS		
CITY	EMAIL ID :	
DUTIES PERFORMED		
MANAGER NAME & TITLE	PHONE NUMBER :	
REASON OF LEAVING	MAY WE CONTACT : <input type="checkbox"/> YES <input type="checkbox"/> NO	

PAST EMPLOYMENT			
EMPLOYER	DESIGNATION	DATE FROM - TO	SALARY DRAWN/MONTH

I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE ARE TRUE TO MY KNOWLEDGE. SHALL ANY INFORMATION HEREIN PROVIDED BY THE CANDIDATE PROVEN FALSE, AKBAC SHALL REVOKE OR CANCEL THE APPLICATION.