

GOWARDHAN KRUSHI AYURVED PVT. LTD.

HEAD OFFICE

First Floor, Kucheriya Complex, New Mondha, Parbhani – 431401.

E-mail: info@gowardhanagroayurved.com Website: www.gowardhanagroayurved.com Contact: 02452-232237, 9665231237.

JOB APPLICATION FORM

1. Name of the Post Applied 2. Full Name of the Candidation (in Capitals) 3. Date of Birth: 4. Gender: (Write '1' for Matter) 5. Marital Status:	Day le, '2' for Fe	Month Y male)	ear		Paste your recent passport size photograph and sign half on the page and half on the photograph
6. Father's/Husband's Nam	<u>ie:</u>			·····	
Tel. No.:	apped? : (W	rite '1' for Yes, '2' f	Pin Mobile:	Code:	
11. All Educational/other processing passed Division Grade 9	Year of	Duration of the	Board/	College	Subject of
Degree. Of Mark	Paccing	Degree/ Diploma	University	College	Specialistion Specialistic Spec

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12.	Brief	professional	experience:

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		Part time/	Exact dat					G 1 6	
Office/Instt. Firm	Post held	Contract Basis/	given (indi		Total P	eriod (in y	ears)	Scale of	Nature of duties
		Ad-hoc/ regular/ Temp./pmt.	month & From	t year) To				pay	
		Temp./pmt.	FIOIII	10	Years	Monus	Days		
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13. Any other relev	ant inform	nation:							
		3		<mark></mark>					
14. Details of enclos	sures:	1)			4)				
		2)			5))			
		3)			6)				
		3)	••••••••••••••••••••••••••••••••••••••	••	0))			• 1
15 D-4-116 C	E	1							
15. Details of Cur	rent Emp	<u>loyment</u>							
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No approach wi	in be made	e to your presen	it employe	er withou	ut your	consent.			
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Present Employ	er:					Des	signati	ion:	
Dues out an outle le	1				Danuar				
Present monthly	/ salary:				Bonus:				
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Key Responsibi	lities:								
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Not <mark>ice required</mark>	(to end pr	resent employm	ient):			(W	eeks)		
D 0 1									
Reason for leav	ing:								
16. <u>Referees</u>	_				_				
Please give details of two referees whom we may approach for references.									
1. Nar	ne:					Desig	<mark>nati</mark> or	າ:	
Org	anisation 1	Name:							
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	Contact No.	Email Address			
	Contact No.:	Email Address:			
2.	Name:	Designation:			
	Organisation Name:				
	Contact No.:	Email Address:			
45 DI					
17. Please t	ell us why you applied for this jo	b and why you think you are the best person for the job.			
19 Doolovet					
18. <u>Declarati</u>	on:				
kno <mark>wled</mark> ge ar un <mark>derst</mark> and th	nd belief. I accept that providing d at action can be taken against me by t et mentioned herein. I have informed	nade in the application are true and complete to the best of my eliberately false information could result in my dismissal. I the Commission, if I am declared by them to be guilty of any type d my Head Office/Deptt, in writing that I am applying for this			
Date:		Signature of candidate			
Place:		Permanent Address:			
FOR OFFICE USE					
Recommended by: Observed Key Points:					
Remark:					
	Whether to appro	ove: Yes No			
Office Seal		Authorised Signature with stamp			