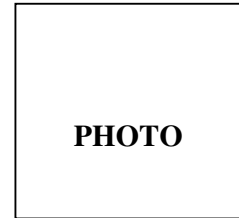


T&M Services Consulting Private Limited

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 W. E. Highway, Dahisar (East),
 Mumbai - 400068. (INDIA)
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 Fax.: +91 22 4029 7562
 Email: info@tnmhr.com
 Website: www.tnmhr.com



PERSONAL INFORMATION SHEET

NAME (BLOCK LETTER) : _____

FATHER'S NAME : _____ OCCUPATION: _____

HUSBAND NAME _____
 (Only for married female candidate)

MOTHER'S FULL NAME _____
 (Maiden Name i.e. Before Marriage Name)

DATE OF BIRTH: _____ MARTIAL STATUS : _____ GENDER: _____

CATEGORY: SC/ST/OBC/MINORITY/GENRAL CASTE: _____

RELLGION: _____ NATIONALITY: _____

PHYSICAL DISABILITY IF ANY (GIVE DETAILS) : _____

PRESENT ADDRESS (BLOCK LETTER) : _____

_____ STATE: _____ COUNTRY: _____

PIN CODE: _____ PHONE : _____

E-Mail: _____ Mobile: _____

PLACE OF BIRTH: _____

DISTRICT _____ STATE/UT _____ COUNTRY _____

PERMANENT ADDRESS: _____

_____ STATE: _____ COUNTRY _____

EDUCATIONAL BACKGROUND:

NAME OF SCHOOL/ COLLEGE	UNIVERSITY	YEAR OF PASSING	DEGREE	SPECIALISATION	DIVISION/ % MARKS

EMPLOYMENT RECORD

(DETAILS IN CHRONOLOGICAL ORDER, STARTING WITH PRESENT JOB)

FROM Date	TO Date	EMPLOYERS AND FULL ADDRESS	TOTAL GROSS(P.M)	DESIGNATION	REASONS FOR LEAVING

TOTAL EXPERIENCE: _____ CERTIFICATIONS: _____

TRAINING ATTENDED: _____

(USE ADDITIONAL SHEETS IF REQUIRED)

REFERENCE:

Give reference of two persons who are familiar with your background and not related to you

NAME	OCCUPATION	COMPANY	ADDRESS & TEL. NO.

+++++

PREVIOUS PF NO IF ANY (UAN) : _____

PREVIOUS ESIC NO IF ANY : _____

PERMANENT ACCOUNT NO. (PAN) : _____ AADHAR NO _____

BLOOD GROUP: _____ EMERGENCY CONTACT NO. : _____

SAVING BANK ACCOUNT DETAILS:

BANK NAME		BRANCH NAME	
BANK A/C NO		IFSC CODE	

Note: Preferably cancelled Blank cheque leaf photo scan

Declaration

- I shall, if and when required take to up duty in the discharge of company assignment anywhere in India or abroad.
- I certify that foregoing information is correct and complete to the best of my knowledge and nothing has been concealed/distorted.
- In case of any change, I will intimate to you in writing immediately

SIGNATURE OF APPLICANT

DATE _____

PLACE _____

FOR OFFICE USE:-----

EMPLOYEE CODE: _____

DEPUTED CLIENT: _____

DEPUTED LOCATION: _____

DEPUTED STATE: _____