

Name	(CAPITAL LETTERS)			Recent Passport Size Photograph
Date of Birth	(DD/MM/YYYY)	Blood Group		
Permanent Address				
		Pin Code		
Present Address				
		Pin Code		
Mobile Number	(Country Code)	Nationality		
Email Id		Marital Status		
Emergency Contact Number		Name		

Family Details:

Sr. No.	Name of Member	Relationship	Occupation	Dependent (Y/N)

Academic Qualifications:

Degree/Diploma Obtained	Period of Study		Name of the Institution/University	Percentage/CGPA
	From [MM/YY]	To [MM/YY]		

Total Work Experience	Years		Months	
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Name of Organisation [In descending order, start from the latest]	Period of Work		Designation	Brief Description of Job Role
	From [MM/YY]	To [MM/YY]		

Reason for leaving current job?					
Notice Period					
Last Drawn Salary (In INR)		Expected Salary (In INR)		Negotiable	Y / N

Hometown/Willingness to relocate					
Willingness to travel related to work					
Passport Status				Date of Expiry	

Strengths	1.	2.	3.
Limitations	1.	2.	3.

Computer Skills:

Total Internship Experience	Years		Months	
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Details of Internship/Projects:			
Name of Organisation	Period of Work		Brief Description of Internship
	From [MM/YY]	To [MM/YY]	

Details of Workshops/Conferences

Details of Volunteer Work

Details of Trainings Attended

Details of Publications / Paper Presentations

Have you been ever interviewed by CUTS before? (Y/N)	
If yes, please specify year and position	

Have you ever been arrested, indicted or summoned into court in a criminal proceeding or convicted or imprisoned? (Y/N)	
If yes, please specify	

Do you know anyone in CUTS? (Y/N)	
If yes, please specify name and designation	

Is any relative of you working/has worked in CUTS? (Y/N)	
If yes, please specify name and designation	

Do you suffer with any serious illness/epileptic fits/nervous disorder/any other? (Y/N)	
If yes, please specify	

Details of Professional References				
Sr. No.	Name	Organisation and Designation	Phone No.	E-mail
1.				
2.				
3.				

Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any material omission on this application forms renders me liable for termination/dismissal/cancellation for candidature.

Signature of Candidate

Place:

Name:

Date: