



BALDOTA

# MSPL Limited

Corp Office: Baldota Enclave, Abheraj Baldota Road  
HOSPET – 583203  
Ph: +91 8394 232002, 232003 Fax: +91 8394 232333, 232444

Affix your  
photograph here

POST APPLIED FOR: \_\_\_\_\_

## 1. PERSONAL DETAILS:

Name (In Block Letters) : \_\_\_\_\_

Name of Father/Husband : \_\_\_\_\_

Date of Birth : \_\_\_\_-\_\_\_\_-\_\_\_\_ (DD-MM-YYYY) Sex : MALE / FEMALE

Marital Status : Single / Married / Divorced / Widowed. No. of Dependent Children : \_\_\_\_\_

<b>Present Address :</b>	<b>Permanent Address :</b>
<b>Mobile:</b>	<b>Ph:</b>
<b>Email id :</b>	

## 2. EDUCATIONAL QUALIFICATIONS:

(Starting from the last to Xth Standard)

Qualification	Year of Passing	School/College	University	% / Class

## 3. TECHNICAL / PROFESSIONAL QUALIFICATION :

Qualification	Year of Passing	School/College	University	% / Class

Academic Awards (If any) : \_\_\_\_\_

## 4. WORK EXPERIENCE : (Starting from the present job) Please attach extra sheet if required

Company	Period of Service		Job Title	Salary Details	Reason for Leaving
	From	To			

**5. Languages Known**  
(Mother Tongue First)

Language	Read	Write	Speak

**6. BRIEF ORG CHART** (indicating reporting relationship, peer levels and reportees to the position)

Not Applicable for Freshers\*

**7. EXPECTED SALARY**

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**8. MEMBERSHIP OF ANY PROFESSIONAL BODY :**

Yes

No

(If Yes what is the office held)

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**9. PROFICIENCY IN SPORTS & OTHER EXTRA CURRICULAR ACTIVITIES :**

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Hobbies 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Strengths 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Weakness 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Did you apply to us previously : Yes/No If Yes, what post, If appointed give the date of leaving & Reasons	
Are you know or related to any employees of this company : Yes / No	If Yes give details
Are you member of Employee Provident Fund : Yes / No	If Yes give Account No.

**10. REFERENCE** (Two reference compulsory. References of relatives will not be considered)

Name	Organization & Designation	Acquaintance Period	Contact Details (Email id & Contact Number)

Are You Physically Handicapped : Yes/No	If Yes, give brief details
Have you ever suffered from any contagious disease : Yes / No	If Yes give brief details
Have you ever been Prosecuted : Yes / No	If Yes, for what offense

**11. DECLARATION :**

I hereby declare that the above said information is true to my knowledge. If any information is found wrong, I shall be liable to be dismissed from the service.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**For Office use only**

APPOINTED / NOT APPOINTED	Department	Signature of Director
SALARY                      W.E.F	Designation	