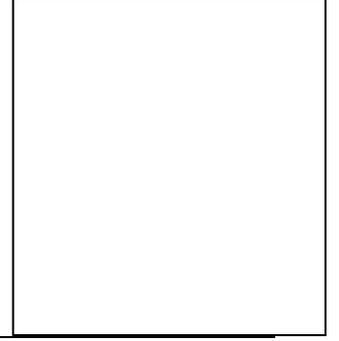


रोशनी सोशल सर्विस फाउंडेशन
ROSANI SOCIAL SERVICES FOUNDATION
A Division of Non-Governmental Organization (NGO)

APPLICATION FORM



Position Applied For: _____

Source Applied Form _____

(Employee Referral/Consultant/Advertisement/Direct)

Name of Candidate: _____

Father's Name: _____ Occupation: _____

Spouse Name: _____ Occupation: _____

Date of Birth: _____ SEX: Male/ Female, Domicile State: _____

Mobile No.: _____ Email ID: _____

Correspondence Address: _____

Permanent Address: _____

Aadhaar (UID) No: _____ Voter ID No: _____

PAN Number: _____ Driving License Number: _____

Passport No: _____ Place of Issue: _____ Valid Up to: _____

What is your Nationality? _____ Blood Group? _____

Marital Status: Single Married Divorced Date of Marriage: _____

Do you belong to: _____

SC/ ST/ OBC (Providing following information is voluntary)

Family Member Information :(Parents, Spouse, Sibling, Children)

Sr. No.	Name	Relations	Date of Birth Age	Occupation
1				
2				
3				
4				
5				
6				

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EDUCATIONAL QUALIFICATIONS: (Start with your latest qualification on top up to SSC)

Sr. No.	Qualifications	Specialization	Name of Institution	Full/ Part Time	Board/ University	Dates		Result (%)
						From	To	
1								
2								
3								
4								
5								
6								

Please specify reason for any interruption in education: _____

Language Skills

Sr. No.	Language	Read	Write	Speak
1	English			
2	Hindi			
3	Punjabi			
4	Japanese/French			
5				

Computer Knowledge:

Excellent	Very Good	Good	Need Improvement

WORK EXPERIENCE (Start with the most recent)

Sr. No.	Company's Name	Last Position	Dept.	Employed		Annual CTC	Total Period
				From	To		
1							
2							
3							
4							
5							
6							
7							
8							

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Total Years of Experience: _____ Average Experience _____ Total Companies worked: _____

Have you been unemployed at any time: **Yes** **No** If any, please specify the reason?

Performance & Compensation Details

Particulars	2021	2022	2023
Organization			
Designation			
Performance Rating			
Performance Amount			
Annual CTC			
Effective Date of CTC			

Expected CTC: _____ Notice Period: _____

I hereby declare & certify that I am interested in working with **Rosani Social Services Foundation**. For which I am furnishing the above information which is correct and completely true to my knowledge. I understand that if I am found at any time to have concealed or misrepresented any materials/ facts or information against any of the above particulars, my appointment in the company shall be liable to summary termination without notice.

I hereby authorized **Rosani Social Services Foundation**. Or any third party appointed by the company to carry out Background Checks not restricted to Education, Employment, and Criminal & Address Verification as deemed appropriate through this selection procedure.

Place: _____ Date: _____ Signature: _____

