

SARVCON TRAINING & CONSULTANTS PVT. LTD.

(REGISTRATION FORM)

Affix here your
Passport size
Photograph

Form No.

DATE

1. NAME OF THE CANDIDATE: (Mr. /Ms.)
2. FATHER'S NAME
3. MOTHER'S/HUSBAND'S/GUARDIAN NAME:
4. ADDRESS FOR CORRESPONDENCE (CAPITAL LETTER):

.....
.....CITY..... STATE PIN
CODE.....

5. PERMANENT ADDRESS:-

.....
CITY..... STATE PIN CODE.....

6. DATE OF BIRTH :DD MM YY SEX: M F

7. MARITAL STATUS :-

8. MOBILE NO: LANDLINE NO: -

9. EMAIL ID:

10. EDUCATIONAL DETAIL:

Exam Passed	Degree	Subject/Stream	Date of Passing	Marks	%
Xth					
XIth					
Graduation					
Post Graduation					
Others					

11. Do you have Operating/Working Knowledge Yes No

12. CURRENT EMPLOYMENT: (IF ANY)

NAME OF THE COMPANY.....

DESIGNATION..... JOB LOCATION.....

SALARY.....

CURRENT CTC: -

POST LOOKING FOR :-

EXPECTED CTC: -

13. WHETHER YOU BELONG TO :

- a) GEN/SC/ST/OBC/MINORITY:
- b) IF MINORITY (PLEASE SPECIFY).....
- c) PHYSICALLY CHALLENGED (PLEASE SPECIFY):
- d) BPL NON BPL
- e) PLEASE MENTION YOUR CURRENT FAMILY ANNUAL INCOME

14. HOW YOU COME TO KNOW ABOUT THE JOB :-

Friends Students Newspaper Add.
Flex Pamphlet Other Institute

Other (Please Specify)

15. DECLARATION:

- (I) I hereby certify that information given above is true and complete to the best of my knowledge.
- (II) I agree and oblige to pay Fees to consultancy as per terms & Conditions after.

Signature of Candidate

Place:

FOR OFFICE USE:

- 1. DATE OF INTERVIEW :-.....
- 2. CANDIDATE NAME :-.....
- 3. HIGHEST QUALIFICATION :-.....
- 4. COUNSELOR NAME: -
- 5. JOB TYPE :- PART TIME FULL TIME
- 6. POST APPLYING FOR :-

Attributes	Rating	Justify / Remarks
Family Background (Business/Service/Rural/Needy)	To assess stability	
Education		
Job Knowledge (Test)		
Appearance / Personality		
General Awareness/Commonsense		
Communication Skills		
Attitude		
Convincing Power		
Initiative & Enthusiasm		

REASON FOR LEAVING PREVIOUS JOB:

TRAINING REQUIRED: - TRAINING LOCATION: -

TRAINING START DATE: END DATE:

FEE DEPOSIT: - YES NO

AMOUNT :-

SENT TO (COMPANY NAME) : -

STATUS :- SELECTED PENDING

FEE DEPOSIT DATE: - DD..... MM..... YYYY.....

COMMENTS OF INTERVIEWER:

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