



SYNCOM Healthcare Limited

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EMPLOYMENT APPLICATION FORM

Latest,
Color,
Passport size
Photograph

POST APPLIED FOR
H.Q. (LOCATION)
REFERENCE NO.

DATE:

1. Name of full (in block letters):

2. Permanent address: Phone (R):
..... Mobile (Reliance):.....
..... Mobile:
..... E-mail ID:.....

3. Local address: Phone:
..... Mobile:

4. Place of birth: Date of birth: Age: Height:

5. Marital status : Married / Unmarried if married, no. of children: and their age
Other dependents, if any: Blood Group:

6. Father's / Husband's name and address: Occupation:

7. Knowledge of language: 1) (Speak / Read / Write)
2) (Speak / Read / Write)
3) (Speak / Read / Write)
(Fill with Y /N)

8. EDUCATIONAL QUALIFICATION (state highest qualification first):

SNo	Degree / Certificate	University / Collage / School	Class or Divison	Percentage of marks	Year of passing	Principal sub. (Including language)

9. Vocational / Technical qualifcaton:

10. Computer knowledge:

11. Extra-curricular activities: (Sports / Literary / Debating / Cultural etc.).....

12. Any other qualification not mentioned above:

13. Are you pursuing any formal studies / course ? Yes / No
 If yes, please elaborate:

14. EMPLOYMENT RECORD (Start from present employment):

SNo	Name of The Organization	Duration of Employment		Designation	Total Emoluments		Reasons for Leaving
		From	To		Consolidated Salary	Daily Allowance	

15. DETAILS OF WORK EXPERIENCE (for Marketing personnel only):

SNo	Period	Designation	Company's / Employer's name	Average Sales PM	Major Products Sold	Area of Operation	No. Of Person Working / Worked under you

16. Full details of last drawn salary:

A. Salary : D. Any other allowances:
 B. Dearness Allowances : Bonus @ :
 C. House Rent Allowance: Gratuity @ :
 PF @ :

17. Total emoluments expected Rs. H.Q. Preference:
 Reason:

18. If Selected when can you join ?
 Reason:

19. What is your general state of health?
 State any serious illness you have had in the past:

20. Give Name, Address and Tel. Nos., Occupation or position of three responsible persons
 (other than your relatives as reference:
 I)
 II)
 III)

21. a). If any relative of your's currently working / has worked in the past for the company ?
 If so, give details:
 b). Name and designation of persons known to you (other than relatives)
 If the company:

22. Have you earlier been convicted by court of law? If so, give details:

23. Have you applied earlier for any post in the company? If so, give details:

24. Name of the Department for which you received FDA approval (For Production Personal only)
 1. 3.
 2. 4.

25. Is your spouse a working professional Yes / No. If yes, give detail:

26. Do you own any vehicle? Type: Vehicle No.:

27. Do you have the habit of: Fill in the blank with Yes or No	Smoking	Chewing Pan Masala	Chewing Tobacco	Drinking Liquor

28. Are you insured: Yes / No Amount:

29. Family background:

BROTHERS				SISTERS			
SNo	Age	Qualification	Profession	SNo	Age	Qualification	Profession

I hereby solemnly affirm and declare that statements made above are true and nothing has been concealed. If any of the above statement is found to be false or incorrect. I will be liable to be dismissed summarily. Be signing the application form, give my consent to undergo a background and reference check.

Date;
 Signature of Applicant

INTERVIEW NOTES

FIRST INTERVIEW:

DATE: TIME:

Recommended

Not Recommended for appointment

Comments:

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.....
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.....
.....

.....
Name & Signature of the Interviewer

SECOND INTERVIEW

DATE: TIME:

Recommended

Not Recommended for appointment

Comments:

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.....

.....
Name & Signature of the Interviewer

If appointed,

Designation: Department:

Starting Salary: Allowance, if any:

Joining Date: Probation / Trainee

Temporary:

Appointment approved by:

Period: