 PRE-INTERVIEW FORM

|  |  |  |  |
| --- | --- | --- | --- |
| First First Name | Middle Name | Last Name | Gender(M/F) |
| Father’s Name |
| Residence Address | Living From (DD/MM/YYYY) |
| Living To (DD/MM/YYYY) |
| Nature of Location (Rented/Owned/Others) |
| Permanent Address | Living From (DD/MM/YYYY) |
| Living To (DD/MM/YYYY) |
| Nationality | Passport # | PAN # |
| Mobile Number | Landline Number |
| Date of Birth | City of Birth | State of Birth |
| E-Mail Address |
| Current CTC | Expected CTC |

Personal Information

Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of Institute / University | Major(s) | Enrollment # Or Roll # | Years Attended | Diploma/Degree Obtained?(Yes/No) | If Yes, Type of(Correspondence Full-time/Part-time) |
| To:(DD/MM/YY) | From:(DD/MM/YY) |
| High School |  |  |  |  |  | $$$$ |  |
| Undergraduate Education |  |  |  |  |  |  |  |
| Graduate Education |  |  |  |  |  |  |  |
| Professional Education/ Vocational |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |

Training Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Type | Topic | Sponsored By | Date From | DateTo |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are you currently employed by, or accepting compensation from, any other person as a result of any business activity?

Yes No

 If yes, please state nature of business activity on the attached sheet. Please denote the business activity

In the following manner:

 *ABC Company*

 *123 Lane*

*Hyderabad, India*

*Phone Number*

List a complete consecutive statement of all business experience and employment for the past

10 years. Start with the most recent position first.

(A current resume which supplies all requested information may be attached to meet this request.)

|  |  |
| --- | --- |
| Name of Firm / Employer | Employee ID |
| HR Manager Name | HR Manager Phone |
| Company Name | Company Board Phone(With Extension) |
| Designation | Nature of Employment (Full time/ Part time/ Temporary Contract) |
| Supervisor Name | Supervisor Designation | Supervisor Phone |
| Reason for leaving | Final CTC |

|  |  |
| --- | --- |
| Name of Firm / Employer | Employee ID |
| HR Manager Name | HR Manager Phone |
| Company Name | Company Board Phone(With Extension) |
| Designation | Nature of Employment (Full time/ Part time/ Temporary Contract) |
| Supervisor Name | Supervisor Designation | Supervisor Phone |
| Reason for leaving | Final CTC |

Do you have any relatives employed by GVK EMRI? (Yes / No). If yes, complete the remainder of this section.

|  |  |  |
| --- | --- | --- |
| S. No. | Name | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

By signing below, I certify that the foregoing information is, to the best of my knowledge, true, correct, and complete. I understand that any false or incomplete statement may subject me to sanctions including, if I have been hired, immediate termination.

Print Name:

Position for which you are applying:

Date: Signature: