

JOB APPLICATION FORM



Name: _____

PERSONAL INFORMATION

First Name		Middle Name		Surname		Paste recent colour photo													
Mr/Ms/Mrs. (Provide name and date of birth as per SSC Certificate only)																			
Date of Birth		Place of Birth(City / Village) -			Sex														
D	D	M	M	Y	Y		Y	Y	State:	Country:	Male / Female								
Father / Spouse Name :						Marital Status: Married/ Unmarried													
Present Address :																			
City		State		Pin Code		Contact Numbers	Phone												
							Mobile												
Permanent Address :																			
City		State		Pin Code		Contact Numbers	Phone												
							Mobile												
E-mail ID :																			

EDUCATION (Begin with the most recent qualification and end with Std. X)

Name of Course/Degree	Specialization if any	Name of Institute/ University	Location	Period		Full-time/ Part-time	Marks (% or CGPA)
				From (Mth/Yr)	To (Mth/Yr)		

Please explain any gaps in education:

Scholarships and prizes won during academic career:

Special training if any (Project work, Course assignments, Technical training, Professional training etc.):

List any papers published by you/any honors/awards received during employment:

Membership of recognized professional bodies:

Have you been referred by a company employee? If yes

Name of Employee	Employee Code	Division
Have you been referred by a Placement Agency? Yes / No		If yes, name of Placement Agency

WORK EXPERIENCE

Name of Present / Last Employer:										Address:												
Your Designation:					Employee Code:					Landline Phone:												
Employment Dates	From:	D	D	M	M	Y	Y	Y	Y	To:	D	D	M	M	Y	Y	Y	Y	Notice Period:			
Current Role (In brief):																						
Reason For Leaving:										Are you willing to be posted anywhere? Yes / No If no, your preferred location:												
Supervisor's Name & Designation:																						
Official e-mail ID:																						
Fixed Salary (A):				Variable Salary (B):				Total Cost to Company:														
Monthly Salary Break-up				Annual Benefits Break-up				Other benefits (Annual)														
Basic				Bonus				Provident Fund														
Dearness Allowance				Ex-gratia				Gratuity														
House Rent Allowance				LTA				Personal Accident Insurance														
Car/Vehicle Allowance				Medical Reimbursement				Medical Benefit														
All Others				All Others				Expected Gross Salary pa														
Total Monthly Salary				Total Annual Benefit																		
UAN Number:										ESIC Number: (If applicable)												

PRIOR TO PRESENT / LAST EMPLOYMENT

Name of the Employer:										Address:												
Your Designation:					Employee Code:					Land Line:												
Employment Dates	From:	D	D	M	M	Y	Y	Y	Y	To:	D	D	M	M	Y	Y	Y	Y	Reason For Leaving			
Role (In brief):																						
Supervisor's Name & Designation:										Annual Gross												
Official e-mail ID:																						

PREVIOUS EMPLOYMENT DETAILS

Name of the organization	Location	Designation while Joining	Designation while Leaving	Period		Reason for Leaving
				From (DD/MM/YY)	To (DD/MM/YY)	
Please explain any gaps in employment:						

REFERENCES	Reference (1)	Reference (2)
Name		
Company		
Current Designation		
Nature of Relationship		
Land line (with STD code) / Mobile		
How many years you have known him / her?		

ABOUT YOURSELF

Strengths -	Areas of development -
Why do you want to join Bellafem Pharma ?	

ADDITIONAL DETAILS

Type of employment you are interested?	Full-time / Part-time / Others	If others, please specify:
Languages Known:		
Nationality:	Indian / Others	If other Nationality, Specify: Do you have work permit to work in India? Yes / No
Do you hold a valid Passport?	Yes / No	If Yes, Passport No.: Valid upto:
Have you been denied VISA to any country?	Yes / No	If Yes, please detail
Have you attended any selection process at Bellafem Pharma LLP before? Yes / No		If Yes, please detail
Do you have any relative employed with Bellafem Pharma LLP? Yes / No		If Yes, please detail
Have you suffered from any major illness/surgery/ accident in the last five years?	Yes / No	If Yes, please detail
Have you ever been arrested, prosecuted or convicted for any criminal offense, other than minor traffic offences?	Yes / No	If Yes, please detail
Do you have any bond /commitment to another employer or organization that might affect your employment with us? Yes / No If yes, please detail:		

I hereby declare that my details on this form and on my resume or documents provided by me to Bellafem Pharma LLP are true and correct to the best of my knowledge. I understand that Bellafem Pharma LLP may institute and conduct a background check to verify the information furnished by me. I hereby authorize Bellafem Pharma LLP (or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all background checks not restricted to education and employment as deemed appropriate through this selection procedure. I authorize all persons who may have information relevant to the verification to make disclosures to Bellafem Pharma LLP or its representatives/agents. I acknowledge and agree that providing any false information may result in a decision not to hire me or if hired, may result in termination of my employment without any further enquiry. I understand that Bellafem Pharma LLP may notify and publish any information provided by me that is found false. In addition, I understand and agree that Bellafem Pharma LLP has rights to seek any legal remedies including indemnification and damages from me for any loss caused to Bellafem Pharma LLP as a result of any such false information.

Name : _____

Signature : _____

Place : _____

Date : _____