

**WASMO**

3rd Floor, Jalseva Bhavan, Sector 10A , Gandhinagar-382010

Telephone 079 23247170 / 71 Fax 079 23247485 email wasmo@wasmo.org

Website: <http://www.wasmo.org>*Photograph***Application Form**

- Please type or print your answer to each question clearly and completely. Do not write in shaded areas.
- Read and follow carefully all the directions given.
- If you want, download & fill the form by blank ink and send by post.

1. Family Name (Last name)

First Name

Middle Name

2. Permanent Address (City/State)

Telephone Numbers

Home

Other

Pin Code

3. Contact Address (City/State)

Phone

Fax

E-mail

Zip Code

4. Gender

M F

5. Height

(cm.)

6. Weight

(Kg.)

7. Marital Status

Single

Married

Other (Please specify)

8. Date of Birth

DD MM YYYY

9. Place of Birth

10. Citizenship

11. Beginning with your native language, enter all languages you know. Please indicate your proficiency by marking the appropriate box.

Language	Reading			Writing			Speaking			Understanding		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight

12. EDUCATION: (Please give full details)

A. Schools or other formal training from age 14 (e.g. High School, technical school or apprenticeship)

Period of Attendance

Name, City and Country

From

MM

YYYY

To

MM

YYYY

Main Course of Study

Percentage Obtained

B. University or Equivalent

Period of Attendance

Name, City and Country

From

MM

YYYY

To

MM

YYYY

Main Course of Study

Percentage Obtained

C. Post-Graduate Studies

Period of Attendance

Name, City and Country

From

MM

YYYY

To

MM

YYYY

Main Course of Study

Percentage Obtained

13. Other special qualifications


14. Membership in professional societies and activities in civic, public, or international affairs.


15. List significant publications you have written. (Do not attach)


16. List all computer softwares which you are familiar with. Indicate your proficiency (i.e. "L" for low; "A" for average; "H" for High)


17. Have you previously submitted an application in WASMO? If "Yes", indicate date.

Yes	No	DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. EMPLOYMENT RECORD: (Starting with your present/latest job, list every job you have had. Use a separate block for each job. And periods during which you were not gainfully employed. If you need more space, attach additional pages of the same format.

From			To			Monthly Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (e.g. Bonuses, etc.)								Name and Position of Supervisor:
<input type="text"/>								<input type="text"/>
Name and Address of Organization:								Number and Category of Employees you Supervised:
<input type="text"/>								<input type="text"/>
<input type="text"/>								Reason for Wanting to Leave:
Nature of Work:						Telephone No.		<input type="text"/>
<input type="text"/>						<input type="text"/>		<input type="text"/>
Describe your Work:								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>

From			To			Monthly Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Organization:								Name and Position of Supervisor:
<input type="text"/>								<input type="text"/>
<input type="text"/>								No. and Category of Employees you Supervised:
Nature of Work:								<input type="text"/>
<input type="text"/>								<input type="text"/>
Describe your Work:								Reason for Leaving:
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>
<input type="text"/>								<input type="text"/>

From			To			Monthly Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	

Name and Address of Organization:

Nature of Work:

Describe your Work:

Name and Position of Supervisor:

No. and Category of Employees you Supervised:

Reason for Leaving:

From			To			Monthly Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	

Name and Address of Organization:

Nature of Work:

Describe your Work:

Name and Position of Supervisor:

No. and Category of Employees you Supervised:

Reason for Leaving:

From			To			Monthly Salary		Position/Job Title:
DD	MM	YYYY	DD	MM	YYYY	Starting	Latest	

Name and Address of Organization:

Nature of Work:

Describe your Work:

Name and Position of Supervisor:

No. and Category of Employees you Supervised:

Reason for Leaving:

19. State any other relevant facts.

20. Have you any objections to our making inquiries with your present employer?

Yes

No

If "Yes", why?

21. REFERENCES: List three persons, not related to you, who are familiar with your character, qualifications and competence whom WASMO may contact at any time.

Full Name and Job Title	Full Address / E-mail / Fax	Name of Business

22. Do you have physical defects or disabilities?

Yes

No

If "Yes", please specify:

23. Have you ever suffered from any serious nervous disorders or contagious diseases?

Yes

No

If "Yes", give details.

24. What approximate starting salary will be acceptable to you for the position you have in mind?

per month

25. If your services are required at the earliest possible time, how soon will you be available to start work after being found suitable and physically fit for employment?

Immediately

Week's Time

Other (*Please specify*)

26. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. Permission is given to WASMO to make such investigations as are necessary on the information given above. I understand that any misrepresentation or material omission made herein or in any other document requested by WASMO renders a staff member liable to termination of service or dismissal.

Date:

Signature:

N.B. Please send your Curriculum Vitae along with this format and self attested copies of your relevant document as stated above.