

## Registration & Profiling of Candidates

**For office use only:**

**REGISTRATION ID:** \_\_\_\_\_  
**File Number:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ (DD/MM/YYYY)

**Mandatory fields are shown in capitals. Please fill all the fields in capitals. In case of check boxes, please highlight it by changing your options to bold.**

**NAME OF CANDIDATE:** \_\_\_\_\_

*FIRST NAME*

*Middle Name*

*LAST NAME*

**DISABILITY TYPE:**

PD (Physical Disability) : <input type="checkbox"/>	VI (Visually Impaired): <input type="checkbox"/>	HI (Hearing Impaired): <input type="checkbox"/>
CP (Cerebral Palsy) : <input type="checkbox"/>	DB (Deaf Blind) : <input type="checkbox"/>	MI (Mental Illness) : <input type="checkbox"/>
MR (Mental Retardation): <input type="checkbox"/>	Others : <input type="checkbox"/>	_____

**DATE OF BIRTH:** \_\_\_\_\_ (DD/MM/YYYY)

**PHONE NUMBER** (Own #/ SMS): \_\_\_\_\_

**Phone Number** (Other Contact #): \_\_\_\_\_

**ADDRESS (PRESENT):** \_\_\_\_\_

\_\_\_\_\_ (Country)      \_\_\_\_\_ (State)      \_\_\_\_\_ (City)      \_\_\_\_\_ (Pin Code)

**ADDRESS(PERMANENT)** \_\_\_\_\_

\_\_\_\_\_ (Country)      \_\_\_\_\_ (State)      \_\_\_\_\_ (City)      \_\_\_\_\_ (Pin Code)

**E-mail:** \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS (Passed Only) :**

COURSE QUALIFICATIONS	PASSING YEAR	Percentage (%)	Details (Subjects and college)
Post Graduate _____			
Degree _____			
Post graduate Diploma _____			
Diploma/ITI _____			
PUC _____			
SSLC _____			
Others _____			

**Other Educational Qualifications (eg. Currently Doing) :** \_\_\_\_\_

**GENDER:** Male  Female

**Martial Status:** Single  Married

**Work Experience:**

Company	Location	Designation	From (MM/YYYY)	To (MM/YYYY)	Years	Monthly Salary (Rs)

**For candidate on job contract, contract expiry date:** \_\_\_\_\_ (DD/MM/YYYY)

**Referred by:** \_\_\_\_\_