



INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW

APPLICATION FORM

POST APPLIED FOR

1. NAME _____

2. FATHER'S/
HUSBAND'S NAME _____

3. PERMANENT
ADDRESS _____

PASTE
RECENT
PASSPORT
SIZE
PHOTOGRAPH
HERE

TELEPHONE NO. _____

4. ADDRESS
FOR
COMMUNICATION _____

TELEPHONE NO. _____

E-MAIL _____

5. DATE OF BIRTH _____ SEX: MALE / FEMALE

AGE AS ON LAST DATE OF APPLICATION ___ YEARS ___ MONTHS ___ DAYS

6. A. CASTE _____ SUB-CASTE _____

B. WHETHER BELONGS TO GEN./SC/ST/OBC/EX-SERVICEMEN _____

C. WHETHER PHYSICALLY HANDICAPPED: YES/NO, IF YES, PLEASE SPECIFY
VH/HH/OH.....

(attach the documentary proof, if belongs to SC/ST/OBC/PH categories)

7. IDENTIFICATION MARKS _____

8. NATIONALITY _____

9. GENERAL CONDITION OF HEALTH
NORMAL/ HANDICAPPED (SPECIFY DETAILS) _____

HEIGHT _____ WEIGHT _____ BLOOD GROUP _____

10. MARITAL STATUS: MARRIED / UNMARRIED
OTHER (SPECIFY) _____

11. IF MARRIED, IS SPOUSE EMPLOYED/ NOT EMPLOYED
 IF EMPLOYED, WHERE (GIVE COMPLETE ADDRESS) _____

12. DETAILS OF CHILDREN:

Name	Gender	DoB/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. EDUCATIONAL QUALIFICATIONS:

Name of the Examination Passed	Year of Passing	Marks details		% of marks	Name of the Board/ University	Subjects Taken	Div
		Max marks	Marks obtained				

14. TOTAL EXPERIENCE: YEAR (S) _____ MONTH (S) _____
 (Work Experience in chronological order, starting with the first job: - Attested copy of proof of each experience to be attached)

Name & Address of Employer	Post held	Pay Level / Consolidated Pay (Per Month)	Period of service				Nature of work & level of responsibilities (please attach separate sheet, if needed)
			From	To	Total experience		
					Year	Month	

15. Present Basic Pay : Rs. _____

16. Referees: Name, Designation, addresses, contact numbers and email IDs of two referees: (Referees should not be related to the candidate)

Referee-1	Referee-2
Name.....	Name.....
Designation.....	Designation.....
Address.....	Address.....
.....
Pin Code	Pin Code
Phone/Mobile	Phone/Mobile
Email.....	Email.....

17) ANY OTHER RELEVANT INFORMATION

.....
.....

18) Details of Demand Draft

Amount Rs.Demand Draft No.

Drawn on (Name of Bank)

DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief. If at any time it is found that I have concealed any information or have given any incorrect data, my candidature/appointment, may be cancelled/terminated, without any notice or compensation.

DATE : _____

SIGNATURE _____

NAME _____

(For use of the forwarding office)

(For candidates who are working under Govt./PSU/Autonomous Institutions etc.)

(i) Certified that Shri/Smt./Kum_____ is working in this institution/organization_____ (Office/ Department), which is a Central Govt./State Govt./Autonomous body of Central/ State Govt./PSU/Private Organization on Regular/Temporary/adhoc basis since_____ and that entries made /particulars furnished by him/her have been checked and verified and found correct as per office records.

(ii) It is also certified that there is no vigilance/disciplinary case pending or being contemplated against him/her and his/her integrity is beyond doubt.

Date.....

Signature

Place.....

Name of the forwarding office

Designation

Office Stamp (seal)