

Registered Office: HMT Bhavan, # 59, Bellary Road, Bangalore – 560 032

(Please fill boxes in <u>BLOCK LETTERS</u>ONLY)

Affix Passport size photo

APPL	ICATION FO	E POST OF :					Advt. Ref. No. & Date:							
1	Name Mr./	Ms					·							
2	S/o, D/o, W	/o												
3	Address fo communicat (With PIN Co	ion												
3.1	Telephone Nos. (with STD code)		Offic	ce					Resid	Residence.				
3.2	Mobile													
3.3	E-mail Ids	1												
		2												
	Date of Birth		DD M		IM YY			Age (as on		YY	MM			
4	(as per Matric./ SSLC/SSC certificate)						date of application)							
5	Caste/Category		SC	ST	OBC	GEN	PH	MI	NORITY	EWS		ppropriate lumn)		
(Qualification be enclosed)	(self	attes	ted X	erox (copies	of all	ma	irks caro	ls & de	gree certi	ficates are to		
6	Exam Yr passed pass		of Full/ sing part time		Course Duration		University/ Institution		Aggt. % Marks	Specialisa- tion				
6.1														
6.2														
6.3														
6.4														
6.5														
6.6														

	Post-qualification Experience: (self attested Xerox copies of experience certificates are to be enclosed). For experience details, separate sheet may be attached as Annexure)												
7	Organisa-	Desig- nation		Nature of duties	Perio	od (co	Company's Turnover	: Pay & Scale					
	tion name, Address &				Fr	om	То		Duration		npar	Basic Pay pay Scale	
	e-mail				MM	M YY N		YY	YY	MM	Cor Tu		
7.1													
7.2													
7.3													
7.4													
7.5													
7.6													
TOTAL P.Q. EXPERIENCE													
8	Any two references with contact details (other than relatives)												
	Name& designation		Address			Phone No./Mobile No.				Email ids			
8.1													
8.2													
	Details of relatives working in HMT												
9	Ltd. or its												
	Subsidiary Cos.												
10	Demand Draft details		Date & DD No			Amount. (Rs.)				Bank Details			
Original testimonials in respect of SI. No. 4,5,6 & 7 must be produced at the time of interview													
Certified that the information furnished above are true to the best of my													
knov	wledge info	rmation	&	belief. If, at	a lat	er da	ate, t	he in	form	ation	furnis	shed	
above are found to be false or inaccurate, the Management is free to take appropriate action as per the extant rules.													

Place :

Date :

(Signature of the Applicant)