



Gujarat Adani Institute of Medical Sciences

Employment Data Form

Please affix
recent passport
size photograph

Name: _____
(Surname) (First name) (Middle name)

Position applied for	:	
Department	:	
Location	:	

A. Personal Data

1. Name: _____

2. Place of Birth: _____ Date of Birth: _____ Age: _____

3. Blood Group: _____

4. Present Address _____ Permanent Address _____

5. Contact No: (M) _____ Office _____ Resi. _____

6. E-mail Address: _____

7. PAN Number: _____ Aadhar Card No. _____

8. Passport Number: _____ Valid up to: _____

9. Nationality: _____

10. Domicile Details: State of Origin: _____
(Indian Nationals)

State of domicile: _____ Since: _____ yrs.

12. Identification Mark: _____

13. Religion: _____

14. Category: _____ General ST SC OBC Other

15. Marital Status: _____ Date of Marriage: _____

16. Details of Family Members

Sr. No.	Name	Relationship	Date of Birth	Occupation	Name of Employer	Dependent YES / NO
1						
2						
3						
4						
5						

17. Languages Known:

Mother Tongue: _____

Hindi

English

Regional / Vernacular / Other Pl. mention:

Read:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speak:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Write:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Hobbies & Interests: _____

19. Please mention physical challenges, if any _____

B. Education and Training

1. Educational Record: (starting with SSC/ equivalent). Please mention "PT" for part-time and "DL" for distance learning courses in the second column

Sr. No.	Degree/Diploma Certificate	Year of Passing	School/College Board/University	No. of Attempts	Duration of course	Principal Subjects	Percentage / Grade

2. Registration Details:

Sr. No.	Degree	Registration No.	Council / State	Valid till

3. Details of Research Publications:

Sr. No.	State/National/ International Journals	Name of Papers Published	Year of Publication	Journal Name	Journal Indexed (Yes/No)

4. Specialized Training / Certification/s:

Sr. No.	Institute / Organisation	Name of Course / Certificate	Period		Subject(s)
			From	To	

5. Details of membership in professional bodies / institutions:

Sr. No.	Institute / Organization	Type of membership	Remarks

C. Employment History

1. Total Experience: _____ Years _____ Months

2. Particulars of employment (starting from current employer):

Name & Location of employer	Period of Service		Designation		Broad / Major Responsibilities
	From (dd/mm/y)	To (dd/mm/y)	Initial	Last	

Please use additional sheets if required.

Please give your current remuneration details on the last page of this form.

2. Your present job responsibilities:

3. Present organization structure:

Kindly circle your position and indicate your reporting relationship i.e. person to whom you report and who reports to you.

D. General Information:

1. Significant achievements: distinctions/ honor/ awards received / Books

Year	Details

2. What, according to you, are your strengths and areas for improvement?

Strengths:
Areas for improvement:

3. Reason for contemplating a change from the present job.

4. Reason for seeking appointment in the Adani Group

5. Any other information you would like to offer, including other / personal details / Special achievements, if any

6. Are you prepared to relocate to any of our businesses / locations in India / Abroad?

Yes No

7. Are you related to any employee / associate of Adani Group?

Yes No

If yes, give details below:

Name(s) : _____

Company /Business & Location: _____

Department: _____

Designation: _____

Nature of Relationship/Acquaintance: _____

Note: Please furnish full details of all persons related or known to you. Attach/use additional sheet if required.

8. Have you been interviewed by us / any of our group companies in the past?

Yes No

If yes, give below details

Position: _____

Department / Function: _____

Location: _____

Company: _____

9. Pl give details of any illness / major surgery you may have suffered / undergone during last 5 yrs., requiring hospitalization / prolonged treatment.

Nature of illness	Period of hospitalization / treatment	Name & Address of Hospital / Doctor

10. References:

Please give references. (At least, one professional and one personal reference)

Name			
Address			
Occupation			
Contact No.			
E Mail			

I hereby declare that the information and details furnished herein are true and complete to the best of my knowledge and belief. If any information is found to be suppressed, misrepresented or false, I shall be responsible for the resultant consequences and shall render myself liable to disciplinary action including termination of service without any compensation/ notice.

Place: _____ **Date:** _____ **Signature:** _____

Current Remuneration details:

Name: _____

Please give details of your current remuneration in the first blank column:

	Details	Current		Remuneration offer	
		p.m.	p.a.	p.m.	p.a.
Fixed	Basic Salary				
	House Rent Allowance				
	Dearness Allowance				
	Conveyance All.				
	Children Edu. All.				
	Canteen Allowance				
	Other Allowance				
	Any Other				
	TOTAL (A) : Fixed				
Reimbursements	Petrol Expenses				
	Car Hiring				
	Driver's Salary				
	Entertainment Exp.				
	Medical Reimb.				
	Information Update				
	LTA / LTC				
	Any Other				
	Total (B): Reimbursements				
Retirals	PF (Co.'s Contri.)				
	Superannuation				
	Pension				
	Gratuity				
	Any Other				
	TOTAL (C) : Retirals				
Annual / Deferred	Bonus				
	Ex-gratia				
	Performance Bonus				
	Perf. Linked Incentive				
	ESOP				
	Any Other				
	TOTAL (D) : Annual/Deferred			% Hike Expected	
	Total (A+B+C)			Expected Fixed	
	Total (D)			Expected Variable	
	GRAND TOTAL			Expected ACTC	
Notice Period as				Date	
Joining time					
Name				Signature	