## **INDIAN INSTITUTE OF MANAGEMENT, SIRMAUR**

## **Application Form**

		Positi	ion applie	d for :					-	
1.	Name			:					_ [	
2.	Father's/Husband's Name			me :						Photo
3.	Mother	's nan	ne	:,						Self Attested
4.	Date of	Birth		:						
5.	Gender			:					_ '	
6.	Marital	Status	5	:						
7.	Nationa	ality		:						
8.			ualificatio		es of certifica	ites and mark sh	eets shoul	d he attache	d)	
	lification			Board/	es of certifica	Date o	of	Date of	%	Course Duration
`			·	<b>Jniversity</b>		Commence	ement	Passing	Marks	(years)
9.			-		-	fication): (Sta	_			
	(Attach	selt-a	ttested co	-	ertificates) e of	(Please atta	•		t if requi	red) Reasons for
Organi	zation	Desi	gnation		ncement	Leaving	Pay	Scale	Salary	Leaving
		ge Pro			k relevant		<u> </u>		<u>-1 .</u>	
Language Fluent in Spe English		nt in Spea	king	Fluent in	Reading	5	Fluent	in Writing		
Hindi										
-						se specify				_
				dled: (Plea	ase indicat	te only those	erelated	to the p	osition)	1
Sr. No	o. Assignments									

Skill	Excellent	Good	Average	Weak	Nil
Conducting Placement Activities					
Organizing Corporate Events					
Corporate Interactions					
Corporate Contacts					
Corporate Networking					
Negotiating Employment Opportunities					
Job Readiness Techniques					
Data Management					
Any Other:					

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13.		CI	_	. –		.,	-3	•

Detail	Reference 1	Reference 2			
	(Present Employer)	(Previous Employer)			
Name					
Designation					
Organisation					
Contact Landline					
Mobile No.					
E-mail ID					

## 14. Address:

Details	Permanent	Communication
House Name/No.		
Street/Locality		
Town/City		
District & State		
Residence Phone		
Mobile No.		
E-mail ID		

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15. Em	noluments drawn (per n	nonth)(	attach proof)	Expectation:
16. Ex	pected time to join the	assignment		
17. De	tails of enclosures atta	ched with the application:		
	1	2	• • • • • • • • • • • • • • • • • • • •	
	3	4	•	
	5	6		
18.	Declaration:			

It is hereby declared that all the information furnished above is true and correct to the best of my knowledge and belief.

Place	<u>:</u>	Name :
Date	:	Signature :
	· <del></del>	