

**ITI LIMITED**

(A Government of India Undertaking),  
Bangalore Plant, Bangalore – 560016

**EMPLOYMENT APPLICATION****INSTRUCTIONS:**

- All columns should be filled in BLOCK LETTERS
- Incomplete applications/applications without enclosures will be rejected
- Please tick whichever is applicable

Affix your self  
attested recent  
color passport  
size photograph  
here  
[Do not staple]

POSITION APPLIED FOR					
1. NAME					
2. FATHER'S NAME					
3. DATE OF BIRTH	DD	MM	YYYY		
4. AGE ( As on the date of Advt )					
5. GENDER (Tick whichever appropriate)	MALE		FEMALE		
6. MARITAL STATUS:	MARRIED		UNMARRIED		
7. INDICATE THE CATEGORY YOU BELONG TO:	GEN	SC	ST	OBC	XSM
a) If XSM, indicate number and rank					
b) Whether Physically Challenged	YES			NO	
c) If YES, mention the category of disability:	VH	OH	HH		
d) Percentage of disability					
e) Religion					
8. RELATIVES IF ANY IN ITI LIMITED	YES / NO				
If YES, state his/her details	NAME & ST.NO.	RELATION	PLANT/ OFFICE		

9. ADDRESS			
a) CORRESPONDENCE:		b) PERMANENT:	
PIN CODE:		PIN CODE:	
10. MOBILE NO:			
11. TELEPHONE NO WITH STD CODE		(R)	(O)
12. E-MAIL ID			
13(a) LANGUAGES KNOWN: (HIGHLIGHT MOTHER TONGUE)		READ	WRITE
13(b) LMV Valid License		YES ( )	NO ( )
13(c) HMV Valid License		YES ( )	NO ( )
14. ACADEMIC QUALIFICATIONS: (Starting from VIII onwards )			
EXAMN PASSED	Name of the Institution	Month & year of passing	
VIII Standard			
SSLC/ Matriculation			
Others (please specify)			
15. Are you employed in Govt/ PSU/Quasi Govt,if yes have you applied through proper channel.			

16. EXPERIENCE: a) Start with current employment. Separate sheet may be enclosed as per the below format

No	Name & Address of the Employer	Govt/CPSU/SPSU/Quasi/Pvt	Post held	Period		Total		Job description in brief	Pay Scale / Salary drawn
				From m/y	To m/y	yr	moth		

b) SALARY DRAWN (please furnish details of all components like Basic, DA, HRA,CCA including Pay Scale etc)

**DECLARATION**

I, the undersigned hereby certify that the information furnished above is true to the best of my knowledge and belief. In the event of any information being found incorrect / false, I am liable for such action as the Company may determine.

Place : .....

Date : .....

.....  
SIGNATURE OF THE CANDIDATE