

## REGISTRATION FORM

### Personal Information

Candidate Name			Father's Name		
Present Address					
State			District		
Town			Pin code		
Phone(R)			Mobile		
E-Mail			Birthmark		
DOB (MM/DD/YYYY)			Age		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>	

### Educational Information

Educated	Yes <input type="checkbox"/> No <input type="checkbox"/>		Below Eight Classes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sec%			Sr.Sec%		
Graduation%			PG%		

### Skills Information

Mother Tongue			Comfortable	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
Other Language Known			Comfortable	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>

### Job Details (Please Tick One)

Job Fields	<input type="checkbox"/> Accountant <input type="checkbox"/> Clerk <input type="checkbox"/> Computer Operator <input type="checkbox"/> Data Entry Operator <input type="checkbox"/> Driver <input type="checkbox"/> Peon <input type="checkbox"/> Electrician <input type="checkbox"/> Gardener <input type="checkbox"/> Hotel Worker <input type="checkbox"/> Teacher <input type="checkbox"/> Mason <input type="checkbox"/> Mechanic <input type="checkbox"/> Jewellery Maker <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Plumber <input type="checkbox"/> Salesman <input type="checkbox"/> Security Guard					
Job Designation			Experience			
Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No		Work Place			
Present Salary			Expected Salary			

Dated

Candidate Signature