

LITTLE BUDDY™

(To be filled neatly in the candidate's own handwriting)

Post Applied For _____

Name of the Unit _____

Name (Mr./Mrs./Ms.) _____

Residential Address _____

Contact No _____

E--mail _____

Date of Birth _____

Age _____

Nationality _____

Religion _____

Married/Unmarried _____

No. of children _____

Age _____

Father's / Spouse's Name _____

Contact No. _____

Occupation _____

Post _____

Office Address _____

Academic Qualification

Exams	Year	Division & %	Board	University	Subjects	Xerox attached

LITTLE BUDDY™

Professional/Additional Qualification

Exams	Year	Division & %	Board	University	Subjects	Xerox attached

Competencies Chart

Competency	Participation	Awards & Appreciation
Academic		
Co---curricular Activities		
Administrative		

Details of past Work Experience

Name of Organization served	City / State	Period		Monthly Salary drawn (INR)	Experience Certificate attached
		From	To		

LITTLE BUDDY™

Family profile

Relationship	Person's name	Occupation	Designation	Phone/E---mail
Spouse/Father				
Mother				
Brother/Sister				

No. & Address of two references: ---

(1)

(2)

The exact period after which you can join, if selected _____

Date _____

Signature _____