

CONFIDENTIAL

Ref no:

FIXED TERM CONTRACT

## **FLUID CONTROL RESEARCH INSTITUTE**

(An Autonomous R&D Institute under Ministry of Heavy Industries & Public Enterprises, Dept. of Heavy Industry, Government of India )

Kanjikode West, Palakkad – 678 623, Kerala, India,

0491 -2566206, 2566120, 2569010, Fax: 0491 -2566326, Customercare@fcriindia.com

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*Post applied for*

: AC- MECHANIC (Contract)

PHOTO

|  |                              |
|--|------------------------------|
| Name in (BLOCK CAPITAL) full                   |                              |
| Father's Name & Occupation                     |                              |
| Present Address                                | Email: : Mob:                |
| Permanent Address                              |                              |
| Age & Date of Birth                            |                              |
| Marital Status                                 |                              |
| Nationality                                    |                              |
| State of domicile & Mother tongue              |                              |
| Religion /Caste                                |                              |
| Do you belong to SC/ST or OBC                  |                              |
| Languages known                                | Read :<br>Write :<br>Speak : |
| Have you ever been interviewed earlier in FCRI |                              |

| ACADEMIC RECORDS |    |                         |   |                           |  |
|------------------|----|-------------------------|---|---------------------------|--|
| Year             |    | Course & Specialisation | School /College /<br>University & Institute | Class &<br>% age of marks |  |
| From             | To |                         |   |                           |  |
|                  |    |                         |   |                           |  |

SHORT TERM COURSE/COMPUTER/PROFESIONAL TRAINING PROGRAMMES:

DETAILS OF EXPERIENCE (Including present Appointment )

| Year & month                        |    | Employer's Name &<br>Nature of Business | Designation | Gross Monthly Salary |                 |
|-------------------------------------|----|---|-------------|----------------------|-----------------|
| From                                | To |   |             | Starting             | Leaving/Present |
|                                     |    |   |             |                      |                 |
| Name & address of previous employer |    |   |             |                      |                 |
| Specific reason for leaving         |    |   |             |                      |                 |



Declaration

I hereby certify that the particulars furnished as above are true, correct and complete in all respects. I agree and accept without reservation that at any time, if any of the particulars is found to be untrue, incorrect and/or incomplete, my appointment in the institute may be terminated with out notice.

Place:

Signature of Applicant

Date:

Note: Please furnish full and detailed information under each item and if the space provided in any column is in sufficient separate sheets may be attached.

For use of P & A only.