

Application Form

Position Applied for _____

Name (Block letters) _____
First Name
Middle Name
Surname

Date of Birth _____
(DD / MM / YYYY)

Marital Status Married Single

Gender Male Female

Please Affix your Passport size photograph

Present Address
State : Rajasthan Pin : _____
Mobile No : _____
Land line No : STD () No. ()

Permanent Address
Mobile No : +91 - _____
Land line No : STD () No. ()

Email - Id : _____

Please specify the Source :
<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral (Name & EMP ID) _____
<input type="checkbox"/> Advertisement <input type="checkbox"/> Vendor (Name) _____

Have you Worked with Leader Star Security Ltd. Or any Associate / Subsidiary Company ever before : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If 'Yes' then please mention your Employee ID : _____
Tenure : From (DD/MM/YY) _____ To (DD/MM/YY) _____

Have you ever appeared for an Interview at any Exl location during the last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' then please mention the date : _____
Are you willing to work in shifts (Including Night Shifts) ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Nationality ? <input type="checkbox"/> Indian <input type="checkbox"/> Others Please specify : _____
Do you have a Valid Indian Passport ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a Pan Card ? If 'YES' please provide the Pan No. <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a Aadhar Card ? If 'YES' please provide the Aadhar No. <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you Registered under the National Skills Registry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes then please provide the Authorization Code : _____

From (MM/YY)	TO (MM/YY)	Qualification	School /College / University Name	Subjects	%