

Application for Employment

NOTE:

Please do not amend/alter the layout of this application form. You are requested to use Arial Font size 9 for filling up the form. All questions need to be fully answered to enable us to process your application. Please state "NA" only in case a particular question does not relate to you.

Only those applications which are complete in all respects can be taken up for further processing.

NAME	
UNIQUE STUDENT	
REGISTRATION NUMBER	
POSITION APPLIED FOR	Assistant Manager Finance

PERSONAL DATA

Full Nam	e in Block Le	tters (Please ex	pand initials)			
First Name Middle			Name	Last Name			
					<u> </u>		
	Date Of Bir	th	Place	Of Birth		Sex	Nationality
Day	Month	Year					
NA 11: A				-	A 1.1		
		ase specify date	until when	Perman	ent Address	:	
you are a	vailable at th	is addi ess)					
Mobile N	lumber - I :				Number -1 :		
	lumber - 2 :			Mobile Number - 2 :			
	Number :			Landline Number :			
Email:				Email:			
	Languages K	nown	Spe	ak	Rea	nd	Write
	Languages		Эрс	un u	1100	10	***************************************
Name(s)	and relations	hip with any rela	ative(s) in				
ITC Limi	ted						
Have you	applied in th	ne past for a pos	ition in				
		r Group Compa					
ITC Limited? If yes, when and for what							
position?							
Details o	f any major il	lness / impairme	nt and/or				
any oper	ations that yo	ou have undergo					
last 5 yea	ırs						

FAMILY DATA

Father's Name:			Mother's Name:			
Occupation : (provide brief description)			Occupation :			
Address and Teleph	one No. :					
Marital Status	Single/ Married	Date of ma (If Marri	_		Othe	ers
Spouse's Name	:		Qualifica	tion	:	
Date of Birth	:		Occupati	ion	:	
Names of Children	:		•		Date of Birth	Sex
	<u> </u>					
REFEREES - (F	Please provid	de 3 – Mandato	ry)			
Name and addresse (Please note that all 3 persons who are respe manager with previous	names should ected and of so	not be from the some repute eg. S	same organi School/colleg	zatio e pri	n / institution. The incipal, partner of yo	referees have to be our audit firm, senior
Name & Designat		dress & Telepho				How do you know this person?
EDUCATION				<u> </u>		
(Starting from high s	school (Clas	s 10) to the pre	esent)			

(School/College)	Board /	University	Degree /Diploma / Certificate	Year Of Passing	Grade / %	Remarks
_						
	/ Year Achievemen		1/61 1 1: /	Awarded By (institution)		
Month / Year	Acni		nctions			
Month / Year	Acni					
Month / Year	Acni					
Month / Year	Acni					
		Disti				
THER QUALIFIC	CATION	Disti		Year of Passing	(institutio	
THER QUALIFIC	CATION	Disti	nctions		(institutio	n)
THER QUALIFIC	CATION	Disti	nctions		(institutio	n)
THER QUALIFIC ame of the Institute &	CATION	Disti	nctions		(institutio	n)

Posting – Anywhere in India (Please indicate Yes or No)

CHARTERED ACCOUNTANCY (IF APPLICABLE)

wembership No.	:						
		V	NI 4		1 0/	D	
F. 1.E	Month	Year	No. 01	Attempts	%	Remarks	
Final Exam							
Group I							
Group II							
Intermediate/PE-II Exam							
Group I							
Group II							
			T		1		
Firm(s) articled with			Deuteen	No. of	Name	es of significant clients audited	
(Name / Location &		ates	Partners	Qualified	INAIII	es of significant cherics addited	
Address)	F	—	1	Assistants	-		
	From	То	1				
			1				
la destrial Training Fire		\					
Industrial Training Firm		ates	4		Nature of	duties	
	From	То	1				
	L		<u> </u>				
GMCS Program		ates	T			i	
(whether completed)	From	To	- Wi	nere Attended		Remarks	
(wilderer completely)	110						
				110 1			
PROJECTS DONE (<u>As part</u>	ot protes	ssional qu	<u>alification /</u>	employ	ment)	
I. What was the major learn	ning from 1	the training/p	oroject work	?			
	ecommend	lations to the	e organisatio	n ? Give an ex	ample of or	ne recommendation made by you	
that was implemented.							
	ommendat	ion made by	you that was	s not accepted.	What is yo	ur understanding of why it was	
not accepted?							
		<u> </u>					

COST ACCOUNTANCY

Membership No. :				
Membership No				

	Month	Year	No. of Attempts	%	Remarks
Final Exam					
Group I					
Group II					
Intermediate Exam					
Group I					
Group II					

Drastical Training		·	Location	Deep encibilities / Drainete Denc
Practical Training		tes	Location	Responsibilities / Projects Done
Name & Address Of	From	То		
Organisation				

COMPANY SECRETARYSHIP

Membership No. :

	Month	Year	No. of Attempts	%	Remarks
Final Exam					
Group I					

	iviontn	Year	No. of Attempts	%	Remarks
Final Exam					
Group I					
Group II					
Intermediate Exam					
Group I					
Group II					

Details of Scholarships and other Distinctions (during CA/Cost/CS)

Scholarships/ Distinctions	Month / Year	Awarded By	Remarks

WORK EXPERIENCE (Add more as applicable)

Organisation : (Name & Address)	Location:
Date : From	То
CTC: Rs./pa	
Position & Nature of Work	Reasons for change

Organisation : (Name & Address) :	Location:
Date : From	То
CTC: Rs./pa	
Position & Nature of Work	Reasons for change

EXTRA CURRICULAR ACTIVITIES

(Describe your Extra Curricular interests/activities and mention the relevant achievements, positions and responsibilities held in school/college/social organisation /interest group)				

ABOUT YOURSELF

1.	What aspects of ITC's Mission and Core Values are in alignment with your own goals and values and how will you realize them in ITC? (Please visit www.itcportal.com to know about ITC's Mission and Core Values)
2.	What do you believe you are best at and how you will contribute in ITC?
3.	Please describe one of your achievements, which you are proud of, and which reflects you "thought leadership" and "execution excellence"?

4.	Describe an incident that has had a deep impact on you and brought about a significant
	change?
5.	Career goals:
	What would you like to achieve in your professional career?
	What are the career choices you have before you? What are the feature influencing your expenses their art present?
	What are the factors influencing your career choice at present?
6.	Write down any question that you would like us to respond to during the interview?

ne :			Organisation :				
	EXISTING EMOLUMENT PACKAGE						
	Di		: 41 6-11	- 			
	Please indicate your existing emolument package in the following format:						
			Rupees	Rupees			
			Per Month	Per Annun			
	Α	Monthly Remuneration					
	AI	Basic					
	A2	House Rent Allowance					
	A3	Conveyance Allowance					
	A4	Supplementary Allowance					
	A5	Special Allowance					
	A6	Other Allowances (Please specify)					
	A7						
	A8						
	A9						
	AI0						
		Sub Total (AIAI0)					
	В	Annual Remuneration					
	ВІ	Performance Bonus/Variable Pay (recd. last year)					
	B2	Leave Travel Assistance					
	В3	Others, Please specify :-					
	B4						
	B5						
		Sub Total (B1B5)					
		TOTAL REMUNERATION (A + B)					
	С	Retiral Benefits (indicate % by employer)					
		(indicate % by employer)					
	CI	Provident Fund (Whether Govt / Company)					
	C2	Gratuity					
	C3	Pension (Whether Contributory / Non Contributory)					
	C4	Superannuation Scheme					
		Sub Total(CIC4)					

D	Other Benefits			
DI	Company provided Accomodation /			
	Maintenance			
	Unfurnished / Furnished; If furnished provide			
	details			
D2	Housing Loan			
D3	Car Loan			
D4	Furniture Loan			
D5	Medical Assistance - Please give brief details			
D6	List of Fixed Assets provided by the Company			
i				
ii	_			
iii				
D7	Company Com / Vahiala Places give brief			
D/	Company Car / Vehicle - Please give brief details			
	Petrol-Litres			
	Car Maintenance			
	Driver			
	Car Insurance & Road Tax			
	Cai ilisurance di Noad Tax			
D8	Please provide details of any other benefits not	included in the		
	above list			
	_			
Notes				
	ould ask for proof of remuneration / pay sli	p at the final		
stages of Selection				