

KARNATAKA ANTIBIOTICS AND PHARMACEUTICALS LIMITED (A Government of India Enterprise)

"Nirman Bhavan", Dr.Rajkumar Road, 1st Block, Rajajinagar, [Opp.Orion Mall]

Bengaluru – 560 010 Telephone: 080-23571590

Website: www.kaplindia.com. Fax No.091[080]23371350

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Affix latest passport size photograph

APPLICATION FOR EMPLOYMENT [Refer Instructions at Page 4 before filling the application]

APPLICATION FOR THE POST OFin response to	
01) Name in full [in block letters beginning with surname]	
02) Gender: Male / Female 03) Date of Birth & Age	
04) Father's / Husband's Name	
05) Address : Present [With Pin Code] Permanent [With Pin Code]	-
Telephone :Res Mobile:E-mail	—
06) Nationality	
07) Religion :	
Hindu Muslim Christian Sikhs	
Buddhist Zoroastrians [Parsis] Others	
08) Caste & Sub Caste	
09) Category : [Documentary proof enclosed for SC/ST/OBC/PWD/Ex-Servicemen]	
Scheduled Caste Scheduled Tribe Ex-Serviceman Persons With Disabilities PWDs]	
Other Backward Communities [OBCs] Others :	
10) Employment Exchange Registration No. Place	

11) Aadhaar No			2 [Docume	ntary p	roof enclosed	1]		
12) Dependants:-								
Name			Age		Relationship			
	last 5 years							
14)Educational Qua	lification/s:-Commenc	ing from	the highest (Qualifica	ation[Docum	entary proof enclosed		
Qualification	Institute/University	Year o	f Passing	Main Subjects		Class/Division % marks		
	ion passed [if any] _							
16) Additional quali	fication / training / pro	iessiona	i activity:-					
	nmencing from the pre ar / contract basis or Tr					even if some of it is or		
Employer/ Organisation	Period From To	De	signation	Last Gross pay (P.M) Rs.		Reason for Leaving		
18) Give details of the previous employ		under v	which you r	esigned	or your servi	ces were terminated in		

19) Details about present jo	ob:											
a) Nature of duties												
b) Reporting to whom	:											
20) Language Proficiency Language Known	W	ell	Speal Not s		W	/ell	Read Not	d so well	W	ell	Write Not s	
I	[]	[]]]	[]	[]	[]
II	_ []	[]]]	[]	[]	[]
III	_ []	[]	[]	[]	[]	[]
IV	_ []	[]	[]	[]	[]	[]
22) Are you related to any and a second seco	inter	viev	wed fo	or any po	st in M/	s.Ka		give details		Pha	rmaceı	uticals
24) State minimum Gross s	alary	acc	eptable	e to you:	Rs		/	′- P.M.				
25) If not found suitable fo	r the	post	applie	ed for, are	you willi	ng t	o be co	onsidered fo	or a lowe	r po	st? Yes	s / No
26) State why you feel you	are	suita	able ca	andidate fo	or the pos	t ap	plied?)				

28) Joining time required in case of selection	

29) Reference (other than relatives)

Sl. No.	Name	Designation	Address

I hereby affirm that all the information/s furnished above is true and complete to the best of my knowledge and belief, I am fully aware that canvassing in any form will disqualify my candidature.

Date:	
Place:	

Signature of the Applicant

INSTRUCTIONS TO THE CANDIDATES

- 1) If the space provided is not sufficient, use separate sheet.
- 2) Enclose all the required documents
- 3) Persons working in Govt. / Quasi Govt. / Public undertakings should forward their applications through proper channel.
- 4) Incomplete application are liable to be rejected.
- 5) Canvassing in any form will disqualify the candidate.
- 6) The furnishing of false information or suppression of any factual information in the Application For Employment would disqualify for employment in KAPL.
- 7) [Tick Mark whichever is applicable