



OCSQD-09

Rev:01 Dated: 01-May-2002

Job Application Form

OCS Services (India) Pvt. Ltd., Mumbai

**Photograph
(Passport
Size)**

Date of Application : _____

Post applied for : _____

PERSONAL

Name (as in passport) Surname First Name Middle Name

Date of Birth Age Place of birth
____/____/____

Present Add : _____
Pincode: _____

Tel/Fax :_(Code)____ - (Number) _____ Email : _____

Permanent Add: _____
Pincode: _____

Tel/Fax :_(Code)____ - (Number) _____ Email : _____

Next of Kin Relation Contact details

Languages please tick appropriate (*R = Read, W = Write, S = Speak*)
English **Hindi** **Others (specify)**
R W S R W S R W S
Average :
Good :
Very Good :

Passport Number Date of Issue Place of Issue Date of Expiry

Emigration status: ECR / ECNR (*Please tick appropriate*)

Seamen book number Type Date of Issue Date of Expiry:

Blood group Date of last medical Place of last medical Valid Until

Please tick as appropriate:

- 1. Do you hold a valid Police Clearance Certificate (PCC) ? : Yes / No
(validity is maximum 6 months from date of issue)
- 2. Have you had any major illness-accident or surgery in the last 5 (five) years : Yes / No
- 4. Are you a member of any political party or trade union? : Yes / No



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QUALIFICATIONS

Courses/Training *(Please attach proof)*

	Yes	No	Institute	Year	Validity
FPPF	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
PSSR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
PST	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
HUET	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
H2S	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
EFA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
IWCF	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Others	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Education *(State highest level of study only - Please attach proof)*

Under Xth
 Matric
 XII th
 Graduate
 Post Graduate
 Diploma

Work Experience *(Last job first) please attach experience certificate if any*

Company	Unit-Installation	Type	Designation	From	To

References:

Name _____ Company _____ Designation _____ Contact details _____

I, do hereby certify, that all information provided above is true to the best of my knowledge. If any of the above information if found to be false or incorrect my candidature/employment is subject to but not restricted to, immediate termination. I also declare that prior joining your organization, I shall stand released from my previous employment.

Signature of Applicant _____ Place _____

OCS Remarks : _____

Received by: