



VAPI GREEN ENVIRO LIMITED

Formerly known as Vapi Waste & Effluent Mgt. Co. Ltd.

VIA House, Plot No. 135, Char Rasta, GIDC VAPI - 396 195. Gujarat. INDIA
Mob.: 9714000828 | Tel.: (0260) 2428950, Telefax : (0260) 2429950 | Email : admin@vgelvapi.com
Website : www.vgelvapi.com | www.coevapi.com | CIN : U74210GJ1997GAP031525

Position applied for:				Instructions: 1. The applicant is requested to go through the following pages and fill in the required details. State N.A., wherever required detail is not applicable. 2. Do not fill in the shaded portions of this form. 3. Please paste your latest color passport size photo here. 4. Please fill in month & year where MM /YY is provided.	
Name:					
Date of Birth:		Place of Birth:			
Sex: Male/Female					
Preferred Work Location		Preferred Field of Work		Hobbies & Interests	
1. 2. 3.		1. 2. 3.			
Present Address			Permanent Address		
(LINE 1) :			(LINE 1) :		
(LINE 2) :			(LINE 2) :		
(LINE 3) :			(LINE 3) :		
City			City		
Pin <input type="text"/>			Pin <input type="text"/>		
Tel No. (Off):			Tel No. (Off) :		
(Resi.) :			(Resi.) :		
(Mobile) :			(Mobile) :		
E-Mail:			E-Mail:		
Languages Known (Tick Box)				Passport Details	
Mother Tongue: _____					
Language	Speak	Read	Write	Passport No:	Place of Issue:
1.				Date of Issue:	Valid till:
2.				Spl. Endorsements :	
3.				AADHAR Card No:	
4.				PAN Card No:	
5.					
Family History: (Married/Single)				Wedding Date (DD/MM/YY) :	
Name	Relationship	Date of Birth	Occupation / Organization	Dependent (Y/N)	



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ACADEMIC RECORD (Starting from High School. Original Certificates will be required at the time of joining)

From MM/YY	To MM/YY	Degree / Diploma Completed	College/University	Subjects	%Marks / Grade	Regular / Correspondence

Projects/Training/Apprenticeship, if any

Duration		Institution/Organization & Location	Area/Topic Covered
MM/YY	MM/YY		

KNOWLEDGE SKILLS IN (Fill details in relevant cells)

a.) Any Knowledge/Skill/Expertise areas (Please Specify) :

Skills	Understand	Formally Learnt	Demonstrated Skill
1.			
2.			
3.			
4.			
5.			
6.			

WORK EXPERIENCE RECORD (Please start with Present/Last Organization)

Duration (DD/MM/YY)		Total Exp. In Months	Name & Address of Organization	Role Title	Basic Nature of Duties	Designation on Joining	Salary on Joining
From	To					On Leaving	On Leaving



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Total Experience:								
BREAK-UP OF SALARY IN PRESENT EMPLOYMENT Last Revised On: Next Revision Due On :								
A. Monthly	Rs.	Taxable (Y/ N/ Partly)	B. Annual Components	Rs.	Taxable (Y/N/Partly)	C. Benefits		
Basic Salary						Gratuity		
DA @ %			Leave Travel Allowance			Club Membership (Y/N)		
HRA/ Co. Leased Accommodation			Bonus/ Ex Gratia			Vehicle Type (Pl tick) Self Co. Owned Co. loan Loan Original Interest Rate Repayment Period Balance due		
Conveyance (Excluding official)			Medical Reimb. (Domiciliary)					
City Compensatory Allowance			Medical (Hospitalization)					
Lunch Allowance			Furnishing Allowance					
Special Allowance			PL/CL (no. of days)					
Entertainment Allowance			Repair & Maintenance					
Newspapers & Magazines Allowance			PF % _____					
Education Allowance			Superannuation %__					
Other Allowances (Pl. specify) 1. 2. 3.			Other Allowances (Pl. specify) 1. 2. 3.			Petrol Expenses Maintenance Driver	<u>Personal</u>	<u>Official</u>
Gross Monthly			CTC Annual			Others (Pl. Specify) 1. 2. 3.		
Deductions (If any) 1. 2. 3.			Deductions (If any) 1. 2. 3.					
Sub Total A			Sub Total B			CTC Per Annum =		
Joining Time Required (in days) :		What is your Minimum Expected Salary? CTC Annual Rs.				Total VGEL Equivalent		

Please specify the structure (reporting relationship) of your position/department in your present /last organisation :	
Have you ever been considered for employment in VGEL or, any of the group companies? If yes : Position : Date : Met by : Location :	People you know at VGEL (Name, Division, Location) 1. 2. 3.
What are your major strengths?	What do you think are your weaknesses?



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1. 2. 3.	1. 2. 3.		
What do you think is your greatest achievement in life?	What are your career objectives?		
References : List any three persons not related to you who are professionally know you. Do you have any objection to our referring to them? (Please tick mark) Yes/No			
Full Name	Full Address	Tel. No.	Business or Occupation
		(O) (R)	
		(O) (R)	
		(O) (R)	
Have you ever been arrested indicted or summoned as a defendant in a criminal proceeding or convicted, fined or, imprisoned for the violation of any law (Excluding minor traffic violations) YES/NO	I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any material misrepresentation or, omission made here on or any other document requested by VGEL, renders me liable to termination or, dismissal. Place : _____ Date : _____ Signature _____		
FOR OFFICE USE ONLY :			