भारतीय पैंकेजिंग संस्थान
Indian Institute of Packaging
An autonomous body under the Ministry of Commerce & Industry, Govt. of India

Application Form

Latest Photograph of the applicant (passport size) with signature

(For office use only)

Advertisement number	

(To be filled by applicant. Please refer detailed terms and conditions before filling the form. Separate sheet to be attached for additional information if any along with all relevant supporting enclosures and Annexure I&II)

A) Personal Information:

Title	Mr./Ms./Mrs./Dr.
First Name	
Middle Name	
Surname	
Marital Status	
Gender	
Current Address	
Pin code	
City	
District	
State	
Country	
Mobile no.	
Phone no. with STD Code	
Email address	
Nationality	
Date of Birth	
Parent / Spouse / Guardian name	
Caste	
Category	
Are you Physically challenged	
Are you a current employee of IIP	
Where/ Are you employed in any Government / Semi Government / PSU / Autonomous body (If yes, specify details)	

B) Educational Qualification:

Examination / Degree/ Diploma/ Qualification	Name of the school / board / college / university	Class / Division	Marks secured / CGPA if applicable	Total marks / CGPA if applicable	Month and year of passing	Subjects

C) Employment Details:

Position Held (regular / temporary / contractual / part time / full time)	Name & address of employer	Nature of organization	Service period from (date)	Service period to (date)	Nature of work	Total Duration	Salary drawn (basic pay with pay band / gross salary)

D) Language proficiency:

Language	Read	Write	Speak

E) Are any disciplinary proceedings instituted against you by current or previous employer which resulted in warning, suspension, discharge, penalty (major / minor) or any disciplinary action? (If yes, specify details with relevant supporting) :

F) Other information:

In case of shortlisting, state the notice period required to join	
Any serious health issue or history, if yes specify details	
Have you ever been convicted by courts, caution, reprimanded or warned of any criminal offense? If yes, specify details	
Additional skills, experience, professional certification if any	

G) References *(minimum 2)***:**

Name	Position / occupation	Designation	Complete Address	Tel. / Mobile no.	Email id

H) Declaration:

I _____ hereby solemnly declare that the above information submitted in application form is true, complete and correct to the best of my knowledge and behalf. I acknowledge that at any stage if it is found that any attempt is made by me to wilfully hide or misreport the facts will lead to immediate disqualification of my candidature or termination of employment.

Date:

Place: **Name & Signature of applicant**