

**BENGAL CHEMICALS & PHARMACEUTICALS LIMITED****(A GOVERNMENT OF INDIA ENTERPRISE)****APPLICATION FORM****(PLEASE FILL UP ALL COLUMNS IN OWN HAND WRITING, WHEREVER INFORMATION IS NOT APPLICABLE, MENTION NA)**

POST APPLIED FOR: \_\_\_\_\_

APPLIED FOR PLACE OF POSTING: \_\_\_\_\_

Paste recent Passport  
Sized Coloured  
Photograph duly  
signed by the  
Candidate

**PART A – Details of the Applicant****[Name and Address should be in Block Letters]**

Name of Applicant	[First]:	[Middle]:	[Surname]:	
Date of birth	[DD]/ [MM]/ [YYYY]:	Age (as on date of application in Years & Months):		
<u>Communication Address (In Block Letters):</u>				
<u>Permanent Address (In Block Letters):</u>				
<u>Name of Applicant's Father:</u>				
<u>Name of Applicant's Mother:</u>				
Telephone No. with STD Code [Residence]	Telephone No. with STD Code [Office]	Mobile	E-Mail	
Sex	Marital Status	Nationality	Religion	Home Town and State
<u>Whether SC / ST / OBC (Non-Creamy Layer)/ PWD (OH/HH/VH)/ Ex-Servicemen/ Minority/ General:</u>				
<u>If SC / ST / OBC, please specify Sub Caste:</u>				

**Dependent Details**

Relation (s)	Name	Sex (M/ F)	Date of Birth (DD/ MM/ YYYY)	Occupation
Spouse				
Child				

**Languages Known:**

Speak	
Read	
Write	

**Educational / Professional Qualification [Starting from School Final [ Class – X ] onwards] \***

Examination/ Course	University / Board / Institute	Duration (in Years)	Year of Passing	%of Marks/ Grade	Major Subjects

**Work Experience (Mention all past employment starting from present employment) \***

Sl. No	Organization	Position	(DD/MM/YYYY)		Duration (in Years)	Area of Work in details*	Gross Monthly Pay	Place of Posting	Reason for Leaving
			From	To					

\* Please attach separate sheet for details, if any

Whether any relative employed in Bengal Chemicals & Pharmaceuticals Ltd.:	Yes/ No	If 'Yes' please provide following details	
Name	Designation	Department / Division	Location

**References (Other than relatives):**

S. No.	Name	Occupation, Designation & Name of Office	Address	Mobile No.	Email
1					
2					

Membership of Academic/ Professional Institutions (If any):

Academic/ Professional Awards/ Honors (If any):

**PART B – Declaration**

I herein/ hereby solemnly affirm and states that the statement made above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Full Signature of the Applicant

Date :	Place:
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**Note:**

All details requested are mandatory, where information not applicable mention NA.

Company may reject incomplete application at its own discretion.

Wherever CGPA/OGPA or letter grade in a Degree is awarded, equivalent percentage of marks should be indicated in the application as per norms adopted by University/Institutes

\*- Attach extra sheet if space is insufficient.

**Optional**

In case, you desire you may attach a write up on why you think you are suitable for the job you have applied for.