



**10. Other Details:**

Blood Group

Disability : If any

Yes

No

Please Specify \_\_\_\_\_

**11. Educational qualification:**

Education	Name of the Institution	Passing year	Marks Obtained	Stream	Grade

**Other Qualification: (Computer skills)**

Certification	Organization / institution	Year of completion	Grade	Area

**12. Prior Experience:**

Organization	Designation	Tenure		Salary	Reason for leaving
		From	To		

**13. Hobbies (If you have any awards / Honor / Recognition mention below)**

Culture Activity

Sport Activity

Social Service

Awards / Honors Etc...

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**14. Preferred Work area / Location:**

\_\_\_\_\_

\_\_\_\_\_

**15. Professional references (Mandate\*)**

<b>1. Name:</b>	_____	<b>2. Name:</b>	_____
<b>Profession:</b>	_____	<b>Profession:</b>	_____
<b>Company:</b>	_____	<b>Company:</b>	_____
<b>Mob No.</b>	_____	<b>Mob No.</b>	_____
<b>Email:</b>	_____	<b>Email:</b>	_____

**DECLARATION**

I have read the prospectus in detail. I have understood the rules and regulations incorporated therein. I agree to abide by them.

\_\_\_\_\_  
**Signature of the applicant**

**PLEASE NOTE**

1. Only certified copies of marks Cards to be submitted with application, photos and address proof. Otherwise the application may not be considered.
2. Original Marks Card must be produced at the time of interview in addition to this.
3. 1 Stamp Size and 2 Passports Size Photo has to be submitted.
4. **Dues :**
  1. Photos
  2. Resume
  3. Address proof
  4. Mark's card photo copies
  5. Others....

Page No. 03

<b>Application No.</b>	<b>GOPALAN SKILL ACADEMY</b> #92/9, 3 <sup>rd</sup> Floor, 80 Feet Road, Kathriguppa, Banashankari 3 <sup>rd</sup> Stage, Bangalore, Karnataka, India – 560085. Tel: 080-69999637/38, www.gopalanskillacademy.in <b><u>ACKNOWLEDGEMENT</u></b>	<b>Signature of the Receiving officer</b>
	<b>1. Name :</b> <b>2. Contact No.:</b>	
<b>Date :</b>		<b>Place :</b>