

FOR OFFICE USE ONLY Officer Application\_

## APPLICATION FORM

No.: FM-HR-02-01 Page: 1/3

Issue Date : 2012-04-01

Date / Time \_\_\_\_

Revised.: 02 Date: 2015-03-28

Name / Surname :  Nickname :  Nickname :  Nickname :  Blood Group:  Date Of Birth : Age : Years High : Cm. Weight : Kg. Place Of Birth :  Passport No: Place of Issue : Date Of Issue : Date Of Expiry:  Nationality : Religion :  You have underlying or Chronic Disease or Not : ONo OYes (Please Specify Disease name)	
Applied Position:    Expect Salary:	
Name / Surname :  Nickname :  Nickname :  Nickname :  Blood Group:  Date Of Birth : Age : Years High : Cm. Weight : Kg. Place Of Birth :  Passport No: Place of Issue : Date Of Issue : Date Of Expiry:  Nationality : Religion :  You have underlying or Chronic Disease or Not : ONo OYes (Please Specify Disease name)	
Name / Surname :  Nickname :  Nickname :  Nickname :  Blood Group:  Date Of Birth : Age : Years High : Cm. Weight : Kg. Place Of Birth :  Passport No: Place of Issue : Date Of Issue : Date Of Expiry:  Nationality : Religion :  You have underlying or Chronic Disease or Not : ONo OYes (Please Specify Disease name)	
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Passport No:  Place of Issue:  Date Of Issue:  Date Of Expiry:  Race:  Nationality:  Religion:  You have underlying or Chronic Disease or Not:  ONO  OYes (Please Specify Disease name)	
Race: Nationality: Religion:  You have underlying or Chronic Disease or Not: ONo OYes (Please Specify Disease name)	
You have underlying or Chronic Disease or Not: ONo OYes (Please Specify Disease name)	
Current Address:  Phone:  Mobile Phone:  Typs of Residence: OOwn House ODormitory O The Average Rent NRS / Month O Living with:	
Mobile Phone :  Typs of Residence : OOwn House ODormitory O The Average Rent NRS / Month O Living with:	
Typs of Residence: OOwn House ODormitory O The Average Rent NRS / Month O Living with:	
· ·	
Registered Address: E - Mail:	
Status: OSingle OMarried ODivorced OSeparated	
Name of Married Couples: Occupation: Age: Ye	ars
Place of Work : Phone:	
Children's Name Age Sex Place of study	
Details of Family Members	
2	
3	
4	
Name - Surname Age Relationship Occupation Organization/Place of wo	ork
Details of Denot	
Details of Parent 3	
4	
5	



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Emergency Contact Person			Name/Surname :						Relationship:			
Address:								Ph	one:			
Work Place	:			Мо					obile Phone :			
			Referei	nce Persons(	not ]	Family perso	ns)					
Name/Surname			Position	Place of work			Re	Relationship			Phone	
1												
2												
Do you knov	v anyone in tl	nis Compa	ny: O No	O <sub>Y</sub>	es (	If you have p	lease specify	the nam	ne)			
Name/Surna	me:			Position	n:			Relati	ionshi	p:		
Are you Able to travel to foreign country or not?					Incase you started work with Wonnapob Company Size of Uniform OS OM OL Oother							
O Yes O No, because :						Size of Shoes : 038 040 042 0 Other					r	
			Н	ISTORY OF	ED	UCATION						
EDUCATION		ACADEMY	DISTRIC	Т	FACALTY				AR OF PLETION		GPA.	
S.L.C												
High S	School											
Vocational												
Diploma												
Bachelor Degree												
Master's	Degree											
				PAST EXP	ERI	ENCES						
Time Performance		COMPANY		TYPE O	F BI	JSINESS	POSI	ΓΙΟΝ	N R		EASON FOR	
Since	Since Finish		COMITAIVI	11110	1 100	JUNESS	1051	1 00111011		RESIGNATION		
From the las	t company sta	art base Sa	ılary :	Rupee	The	last Salary :	R	lupee	Othe	er Income	:	Rupee



Sign Candidate

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TRAINING										
From / To		Programe / Subjects			e / Company / Or	ganization	Period			
o you drink?: ONo OYes,amount time / Week OSometimes OOccasionally										
Do you Smoke?: ONO OYes,amount time / Days OSometimes OOccasionally										
What kind of sport do you play frequently? : Hobby :										
Do you drive a Car : OYes	Ono	Do you own Car:		O <sub>No</sub>	O Yes,I have	O Have Motorcycle				
Do you ride a Motorcycle : Ox	res Ono	Motorcycle License:	O Yes	/ Type	(	O No				
COMPUTER SKILLS										
Microsoft Word :	OExcellent			rmediate	O Fair	OImprovement				
Microsoft Excel :	OExcellent	OGood	OIntermediate		OFair		ovement			
Microsoft Power point :				rmediate	OFair		ovement			
Internet:	O <sub>Good</sub>	O <sub>Intermediate</sub> O <sub>Fa</sub>		O <sub>Fair</sub>		ovement				
Other:	OGood	OIntermediate OFair			OImprovement					
Other:										
1. NEPALI				rmediate	O Fair	Olmpr	ovement			
2. ENGLISH	OExcellent	OGood	<del>-</del> -	ntermediate OFair OImproven						
Others	<u> </u>						ovement			
Have you ever been prosecuted				rmediate specify)	OFair	<b>3</b> F				
Have you ever been ill or Conta			_		e specify Disease	es)				
·	_									
If you are selected to work in company,Are you ready to start?  Documents for Application							1			
OReady to operate immidia		OCopy of Citizenship Card OCopy of House Re			use Registration					
OStill have commitment to work at current company till					OCopy of Educational OPhoto 1 Inch					
OthersOCopy of Work Experience Letter Others							rs			
I hereby certify that such statements in this application is true and complete. After the company takes me into work if it appears that any message that is										
not true. I consent to terminate my employment without compensation or payment of any kind.I will not claim any rights to the company.										

Date