



Odica India

## RECRUITMENT FORM

1.NAME :

2.POST APPLIED FOR :

3.ADDRESS FOR COMMUNICATION

4.PERMANENT ADDRESS

5.GENDER:

6.NATIONALITY :

7.DATE OF BIRTH:

8.BLOOD GROUP:

9.EXPERIENCE IF ANY:

10.REFERENCE IF ANY :

(A)NAME:

(B)CONTACT NO:

11.EDUCATIONAL QUALIFICATION:

12.AREA OF INTEREST:

13.IN EMERGENCY TO CONTACT:

(A)NAME:

(B)CONTACT NO:

14.IDENTIFICATION: (ATTACH XEROX COPY OF BOTH)

(A)IDENTITY PROOF:

(B)RESIDENCE PROOF :

DATE:

PLACE:

Signature Of Applicant

## FOR OFFICE USE

1.EMPLOYEE NO:

2.DATE OF JOINING:

3.PAY SCALE :

SIGNATORY

AUTHORISED

# 5 QUESTIONS

1. WHY SHOULD WE CHOOSE YOU:-

2. YOUR EXPECTATIONS:-

3. ANYTHING YOU WANT TO SHARE ABOUT YOU:-

4. WHY DO YOU WANT BE PART OF TEAM ODICA?

5. HOW WE SERVE YOU BETTER?

NAME:-

CONTACT NO:-

e-mail id:-

Signature of candidature

