



MAHARASHTRA NATURAL GAS LIMITED

(A Joint venture of GAIL & BPCL)

Plot No. 27 'A' Block, 1st Floor, PMPML Commercial Building, Narveer
Tanajiwadi, Shivajinagar, Pune – 411005, Maharashtra, INDIA

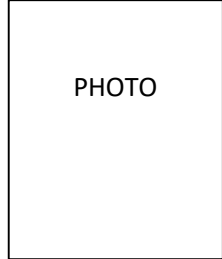
Applied Position : _____

Name : _____
(In BLOCK Letters) (First Name) (Middle Name) (Surname)

Father's Name : _____

Mother's Name : _____

Address :



| | |
|---|---|
| Present Address- _____ _____ _____ | Permanent Address- _____ _____ _____ |
|---|---|

PERSONAL INFORMATION:

| | | |
|--|---|--|
| Date of Birth: _____ (MM/DD/YY) Birth Place : _____ | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> | Nationality: _____ |
| Marital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Date of Marriage: _____ | No. of Children: _____ (If any?) Ages of Children: _____ | Adhar No. _____ PAN No. _____ |
| Height: _____ cm | Weight: _____ kg | Blood Group: _____ |
| Emergency Contact No.: _____ | Residence Contact No.: _____ | Mobile No.: _____ |
| Email ID: _____ | | |
| Are you physically handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention the nature of ailment - _____ | | |
| Hobbies/ Interest/ Societies: _____ | | |
| Have you been convicted for any Offence? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, give details: _____ | | |



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LANGUAGE KNOWN:

| Language Known | Read | Speak | Write |
|----------------|------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

ACADEMIC RECORDS (From SSC to Post Graduate): Please enclose Photocopy of Mark sheet:

| Year From To | Course | School/ Institute/ University | Main Subject | Class & Percentage of Marks | Course Type - Fulltime/ Part time/ Distance/ Correspondence |
|--------------|--------|-------------------------------|--------------|-----------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WORK EXPERIENCE:

| Year & Month From To | Name Of Organisation | Designation & Department | Place | Salary CTC | |
|----------------------|----------------------|--------------------------|-------|------------|---------|
| | | | | Joining | Leaving |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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Please draw organization chart of your department in your current employment
(Indicating your position in specific):

Have you ever been interviewed at MNGL for employment?
(If yes, please state month & year)

Do you have relatives working at MNGL, if yes please furnish the following details

| Name | Designation & Department | Your Relation |
|------|--------------------------|---------------|
| | | |
| | | |
| | | |

Please set out your skills which you think should be taken into account in
consideration your application for employment



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Please mention your major achievements in your current employment during last one year:

Explain in few sentences why MNGL should select you for this position?

How soon you would be able to take up new appointment?

Reference (Not from your current Company) who can be contacted for feedback & verification:

| Sr. no. | Name of Person | Name of Organisation | Designation & Dept. | Contact (Phone No. & Email) |
|---------|----------------|----------------------|---------------------|-----------------------------|
| 1. | | | | |
| 2. | | | | |

BY SIGNING THIS DOCUMENT, I affirm that the information provided is true and correct, and does not misrepresent my history or qualifications. I hereby authorize and give my consent to the MNGL to confirm all job-related information provided now and hereafter and waive my right to privacy thereto to the extent required to verify relevant background, criminal and other permissible job-related issues. I understand that willful falsification or misrepresentation constitutes grounds for denying employment or for dismissal after the employment.

Place:

Date:

Signature

(Name: _____)



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SALARY BREAK UP

Details of Last Drawn / Current Salary

| | | |
|------------------------------|---|-------|
| A. Basic per month | : | _____ |
| B. Monthly Allowance | | |
| 1. _____ | : | _____ |
| 2. _____ | : | _____ |
| 3. _____ | : | _____ |
| 4. _____ | : | _____ |
| 5. _____ | : | _____ |
| 6. _____ | : | _____ |
| 7. _____ | : | _____ |
| C. Yearly Allowance | | |
| 1. _____ | : | _____ |
| 2. _____ | : | _____ |
| 3. _____ | : | _____ |
| 4. _____ | : | _____ |
| 5. _____ | : | _____ |
| D. Retrials per Month | | |
| 1. Provident Fund | | |
| 2. ESIC | | |
| 3. _____ | : | _____ |
| 4. _____ | : | _____ |
| E. Other Benefits | | |
| 1. _____ | : | _____ |
| 2. _____ | : | _____ |
| 3. _____ | : | _____ |
| 4. _____ | : | _____ |
| 5. _____ | : | _____ |

Note: Please enclose your latest salary slip

Signature
(Name:_____)