

# KYC-ADVISOR/MGMT.TRAINEE(Pls.v)

Affix Photo

Please fill below in CAPITAL LETTERS

•1ST INTERVIEW TIMING-9.30 AM on MONDAY & THURSDAY  
 •Re-INTERVIEW TIMING - 10 A.M to 2 P.M on MON to SAT or else as per the suitability of the Candidate

**NOTE :** Fillup KYC (Front side) & answer KYC (Backside - as Applicable to your Post in Point No. A - G)  
 • for Marketing, Customer supports / Relationship → A, B, C, D, E, & F • for Technical (Physiotherapist) → A, B, C, E & F  
 • for Technical (Phlebotomist) → A, B, C & E • for Non-Technical (Commercial) → A, C, D & E • for IT - Graphic / Website / Digital → A, C, E & G

Date : \_\_\_\_\_ ; Earliest Joining Date : \_\_\_\_\_ ; Post : \_\_\_\_\_ ; SOURCE : \_\_\_\_\_

NAME:		E-mail ID:		Mob	
Date of Birth : dd/mm/yyyy	Blood Group	Nationality :	SEX (Pls. Tick✓)	Male / Female	MARITAL STATUS (Pls.Tick ✓) Y / N
PAN No.		Aadhar No.	Bank Name #	Branch #	Account No. #
IFSC Code #		Religion :		Marriage (dd/mm/yyyy)	

ADDRESS (Present)	P.O.		P.S.	PIN :	NATIVE PLACE (Permanent)	P.S.		PIN :
	Rs. _____ /PM		Rs. _____ /PM					

TEL.No. (With STD)	Mob.No:	PARENT'S DETAILS			Mob.
		Working	Retired	Pension if any	

FATHER / HUSBAND'S NAME & Health Issue If any (If married)		AGE	Y/N (Pls. Tick✓)	Y/N (Pls. Tick✓)	Y/N (Pls. Tick✓)	If 'Y' then Rs. _____
MOTHERS MAIDEN NAME & Health Issue If any		AGE	Y/N (Pls. Tick✓)	Y/N (Pls. Tick✓)	Y/N (Pls. Tick✓)	If 'Y' then Rs. _____

EDUCATIONAL Qualification (Completed)	Class / Level	Year of Passing / <b>PURSUING</b> / yet to complete	% of Marks obtained	Main Subjects	School / College Name & LOCATION Point	Medium of Instruction (Eng/Hin/Beng/or any other lang) Pls.Specify	Board / University
		X XII G (F) PG (F)					
Pursuing							

•WORKING EXPERIENCE IN YEARS → Medical Marketing/Customer Relationship : \_\_\_\_\_ ; NON-Medical Marketing/Customer Relationship : \_\_\_\_\_

WORK / JOB Experience	SL. No.	YEAR		Name of the Company / Firm	Place of Work Done / Work from Home	Position Held	(%) of Attend ance	EXPERIENCE No. of Yrs & Month		
		Fm MM/YYYY	To MM/YYYY					Customer Negotiation (Yes/No)	Office	Field

• Practical Knowledge & Experience in (Pl. Tick ✓) : MS Office → Word :  , Excel with formula :  , Email Self Corres. :

• LAST Salary drawn (CTC) Rs. \_\_\_\_\_ P.M || • EXPECTED Advisory Fees / Stipend Rs. \_\_\_\_\_ P.M / \_\_\_\_\_ P.A.  
 • EXPECTED-Future Self Growth \_\_\_\_\_ (%) P.A., || • EXPECTED Business / Revenue generation for the Proposed Company : Rs. \_\_\_\_\_ P.M

- Any Part time / Freelance work / Networking referral - for earning money, details if any : \_\_\_\_\_, Earnings PM Rs. \_\_\_\_\_
- Attached with Social / Cultural Organisation / NGO's : \_\_\_\_\_
- Social Media A/c Name : FB: \_\_\_\_\_ ; LinkedIn: \_\_\_\_\_ ; Instagram: \_\_\_\_\_
- Personal HABITS (Yes/No) : Smoking: \_\_\_\_\_ ; Alcohol Drinking \_\_\_\_\_ ; Gambling/Batting \_\_\_\_\_
- Any Outstanding - Bank/Personal Loan (taken)/Credit Card OR Pending EMI details if any : \_\_\_\_\_

FAMILY (Parents / Spouse / Children) STAYING TOGETHER	NAME	RELATION	DOB	AADHAR NO. #	MOBILE NO.

•FAMILY HEALTH / MEDICAL ISSUES or PARENTS - TEACHER MEETING / CHILD EDUCATION → Attended/Taken Care by : \_\_\_\_\_

NOMINEE (Name-Address & Relation & DOB)	Family HEALTH - Medical care (Other then myself) by :		REFERENCES (Closely known to you)	SL	NAME	MOBILE NO.
	1					
	2					

RESIDENTIAL IDENTITY PROOF (Total 2 Nos.)  
 (Pls. Attach - Any one out of (i) and also from (ii))  
 i) ELECTRICITY BILL / TELEPHONE BILL / RATION CARD  
 ii) AADHAR CARD/VOTER ID CARD/PAN CARD/DRIVING LICENCE

**NOTE :** I do hereby confirm, if Selected, then shall work as a Advisor/Management Trainee continuously for atleast 2 (two) years. Above data's are correct as per my information & knowledge AND no more addition /deletion /alteration /modification are required to be done from my side.  
**# : NOT MANDATORY**

SIGNATURE : \_\_\_\_\_

