

**Application Form for Interview for post of Executive Assistant**

| A. Personal Information  |   |                      |                            |                      |                                    |                      |
|--|---|----------------------|----------------------------|----------------------|------------------------------------|----------------------|
| Name in full<br>(in block letters):  |   |                      |                            |                      | <i>Affix Recent<br/>Photograph</i> |                      |
| Father's Name:   |   |                      |                            |                      |                                    |                      |
| Nationality:   |   |                      |                            |                      |                                    |                      |
| Religion:  |   |                      |                            |                      |                                    |                      |
| Gender:  | <input type="checkbox"/> Male <input type="checkbox"/> Female   |                      |                            |                      |                                    |                      |
| Category:  | <input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH |                      |                            |                      |                                    |                      |
| Date of Birth<br>(as per SSLC/ HSC/<br>SSC/ Matric Certificate)  | Date  | <input type="text"/> | Month                      | <input type="text"/> | Year                               | <input type="text"/> |
| Address for<br>Communication:  |   |                      |                            |                      |                                    |                      |
|  | City:   | <input type="text"/> | Pin code:                  | <input type="text"/> |                                    |                      |
|  | State:  | <input type="text"/> |                            |                      |                                    |                      |
| Phone with STD<br>code/ Mobile No.:  | <input type="text"/>  |                      |                            |                      |                                    |                      |
| E-mail:  | <input type="text"/>  |                      |                            |                      |                                    |                      |
| B. Academic Information (commencing with the Matriculation or equivalent examination in chronological order) |   |                      |                            |                      |                                    |                      |
| Examinations<br>Passed   | Name of the Board/ University   | Year of<br>Passing   | Subject/<br>Specialization | Percentage/<br>CGPA  | Class/<br>Division                 |                      |
|  |   |                      |                            |                      |                                    |                      |
|  |   |                      |                            |                      |                                    |                      |
|  |   |                      |                            |                      |                                    |                      |
|  |   |                      |                            |                      |                                    |                      |
|  |   |                      |                            |                      |                                    |                      |

**C. Knowledge of Computer Applications**

|                            |                                  |                               |                                    |
|----------------------------|----------------------------------|-------------------------------|------------------------------------|
| MS Excel                   | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MS Word                    | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MS Powerpoint              | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Video Calling (Skype etc.) | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Please add additional skills, rate as above:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**D. Work Experience** (starting from the present employment), if any\*

| List Name & Address of the employer | Position Held and Nature of Work | Period |    | Permanent/Temporary | Salary & Grade (annual) |
|-------------------------------------|----------------------------------|--------|----|---------------------|-------------------------|
|                                     |                                  | From   | To |                     |                         |
|                                     |                                  |        |    |                     |                         |

*\*Please be brief, if extra space needed use **Page 4***

### E. References

List two references (not relatives) having knowledge of your work performance, who might be contacted, if needed.

| Name and Occupation | Address | E-mail and Phone/ Mobile |
|---------------------|---------|--------------------------|
|                     |         |                          |
|                     |         |                          |

### DECLARATION

I \_\_\_\_\_ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/ distorted any material/ information, my engagement as Executive Assistant is liable to be summarily terminated without notice.

Date:

Place:

\_\_\_\_\_  
Signature

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Name: \_\_\_\_\_

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SPACE FOR ADDITIONAL ENTRIES  
*(Please mention section, to which the information pertains)*

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