

ITI LIMITED

(A Government of India Undertaking), CORPORATE OFFICE, BENGALURU – 560016 Affix your selfattested recent color passport size photograph here [Do not staple]

EMPLOYMENT APPLICATION FORM FOR CMA TRAINEE

INSTRUCTIONS:

- a) All columns should be filled in BLOCK LETTERS
- b) Incomplete applications/applications without enclosures will be rejected
- c) Please tick whichever is applicable

Name of the ICAI Chapter & City applied through									
1.	NAME								
2.	FATHER'S NAME								
3.	DATE OF BIRTH	DD		MM		YYYY			
.									
4.	AGE (As on date of interview)								
5.	GENDER (Tick whichever appropriate)	MALE				FEMALE			
6.	MARITAL STATUS:	MARRIED				UNMARRIED			
7.	INDICATE THE CATEGORY YOU BELONG TO:	GEN	E/	WS	SC	S	Т	OBC	OBC-NCL
b) Whether Physically Challenged		YES				NO			
c) If YES, mention the category of disability:		VH		ОН			НН		
d) Percentage of disability									
8.	NATIONALITY								
9.	RELATIVES IF ANY IN ITI LIMITED	YES / NO							
If YES, state his/her details		NAME & ST.NO.			RELA	RELATION		PLANT/ OFFICE	

10. ADDRESS							
LOCAL:		P	PERMANENT:				
11. MOBILE NO:							
12. TELEPHONE NO) WITH STD CODE						
13. E-MAIL ID							
14. LANGUAGES KN	JOWN: (HIGHI IGHT	READ	WRITE		SPEAK		
MOTHER TONGUE)							
15. ACADEMIC QUA	LIFICATIONS: (Starting	g from Matriculation)					
EXAMN PASSED	Duration of the course	Name of the Institution & University	Branch/Discipline	Month & year of passing		Class / Division obtained with % of marks	
SSLC/ Matriculation							
PUC/12 th standard							
Graduation/Others (Please specify)							

16. MARKS SECURED IN CMA:

Course Name	Semester/ Term	Month & Year of passing	Percentage of marks
CMA INTER			
CMA FINAL			

17. Brief sketch not exceeding 200 words about your achievements: (separate sheet ma	y be enclosed as Annexure if required)			
DECLARATION				
I, the undersigned hereby certify that the information furnished above is true to the best of my knowledge and belief. In the event of any information being found incorrect / false, I am liable for such action as the Company may determine.				
Place :				
Date :	SIGNATURE OF THE CANDIDATE			