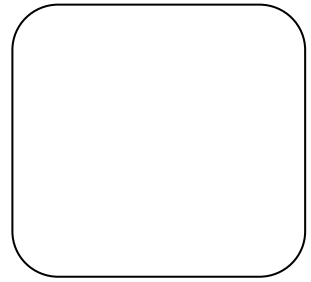


INDIA ONE DIGITAL

21 V.K.C NATARAJAN STREET,
SRINIVASAN NAGAR,
COIMBATORE - 30



APPLICATION NO: -----

APPLICATION FOR DIGITAL SERVICE CENTER EMPLOYMENT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERSONAL DETAILS | NAME IN FULL (in block letters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIRST | | MIDDLE | | LAST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (As it appears on passport / Legal Document) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS FOR COMMUNICATION | | | Mobile No: ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email ID: ----- (Personal E-Mail ID only) | | CITIZENSHIP(S) | | ----- |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City:----- Pin Code:----- | | | DO YOU HAVE A PASSPORT? | | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State:----- Country:----- | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day Time Contact No:----- | | | GENDER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH: (DD/MM/YYYY) | | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LANGUAGES | Languages Known (Please highlight foreign languages only) | | Read | Write | Speak | Understand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SIGNATURE OF THE APPLICANT

EDUCATION

| LEVEL | X STD | XII STD/DIP/EQUIV | GRADUATION | POST GRADUATION |
|-----------------------------------|-------|-------------------|------------|-----------------|
| NAME OF THE QUALIFICATION AS ARED | | | | |
| STATE BOARD/ UNIVERSITY | | | | |
| NAME OF THE SCHOOL/COLLEGE | | | | |
| STATE | | | | |
| BRANCH | | | | |
| TOTAL AGGREGATE MARK SCORED | | | | |
| MAXIMUM MARKS FOR ALL SUBJECTS | | | | |
| SIMPLE AVERAGE PERCENTAGE | | | | |
| YEAR & MONTH OF FINAL EXAMINATION | | | | |

WORK EXPERIENCE

| ORGANIZATION | PERIOD (MM/YYYY) | | | DESIGNATION | REASON FOR SEPARATION | EXPERIENCE/ RELIEVING LETTER AVAILABLE (Y/N) |
|--------------|------------------|----|----------------------|-------------|-----------------------|--|
| | FROM | TO | DURATION (in months) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Are you under any legal obligation to your current employer: YES NO

IF YES, Please Specify:

SIGNATURE OF THE APPLICANT

COMPENSATION AND BENEFITS

| ANNUAL | CURRENT | NEXT REVISION ----- EXPECTED DATE | YOUR EXPECTATION AT INDIA ONE DIGITAL |
|---------------------------|--|--|--|
| Fixed Salary | | | |
| Variable Pay | | | |
| Other Benefits | 1) ----- 2) ----- 3) ----- 4) ----- | 1) ----- 2) ----- 3) ----- 4) ----- | 1) ----- 2) ----- 3) ----- 4) ----- |
| ANNUAL GROSS COMPENSATION | | | |

REFERENCES

LIST PROFESSIONAL REFERENCES (PREVIOUS/CURRENT REPORTING MANAGER OR CLIENT NOT RELATED)

| NAME | DESIGNATION AND COMPANY | EMAIL AND COMPANY | CONTACT NUMBER |
|------|-------------------------|-------------------|----------------|
| | | | |
| | | | |
| | | | |

MISCELLANEOUS

Have You at any time been convicted by a court of India for any criminal offence and sentenced To imprisonment or any criminal proceedings are pending against you before a court in India Or has an order prohibiting yours departure from India been issued by a court

YES NO

If yes please give details of the same

MODE OF APPLICATION

Was Your candidature referred to us through INDIA ONE DIGITAL Employee Referral Scheme

If yes please provide following details:

| NAME | EMPLOYEE NO |
|------|-------------|
| | |

SIGNATURE OF THE APPLICANT

I authorize INDIA ONE DIGITAL to conduct investigation to verify facts of all statements made in this application and my supporting documents.

I authorize INDIA ONE DIGITAL to secure information about my experience from former employers education institution government Establishments/agencies or any references I have provided and for those parties to provide information concerning my qualifications For employment and I hereby release all parties from any liability arising from such investigation.

I certify that the academic marks / CGPA are simple average for all subjects / Semesters / year including electives optional subjects' additional subject's practicals and Languages.

I understand that if I am employed with the company any false statements misrepresentation or omission of fact on this application or on any supporting documents regardless of when discovered if found to be false may result in my immediate dismissal. The company will have the right to withdraw my letter of appointment or to terminate my training / subsequent appointment at any time without notice or compensation.

My signature below certifies that I have read understand and agree to the forgoing and to the best of my knowledge and belief the information on the application form is true and correct.

Date: -----

Place: -----

Signature: -----

Job /Personal Level: -----

Likely Joining Date: -----

INDIA ONE DIGITAL ANCHOR:

Employee No: -----

Name: -----

Role: -----

Signature

Reason for selection : -----

| APPLICATION CHARGE | TRAINING CHARGE | TRAINING | Status |
|--------------------------|--------------------------|----------------|-------------|
| Rs. <input type="text"/> | Rs. <input type="text"/> | (3 Month) | |
| TRAINING PLACE | TRAINING APPLICATION NO | TEAM VIEWER ID | MAC ADDRESS |
| | | | |

OFFICE US ONLY

TRAINING TEAM DETAILS