

POSITION APPLIED FOR: Quality Control
 FUNCTION : To ensure the product Quality and overall success,

HR DEPARTMENT,
 No.3/ 272-5 Neelambur Road,
 Muthugoundenpudur Flyover, Coimbatore

INSTRUCTIONS:

- Fill in the form in your 'Own' handwriting.
- Please do not leave any sections incomplete.

FULL NAME (in Block Letters): GOWTHAM . K

ADDRESS: PRESENT

4/82 - Gandhi Ashram
Pudhupalayam, Tiruchengode , Namakkal

ADDRESS: PERMANENT

4/82 - Gandhi Ashram
pudhupalayam, Tiruchengode ,
Namakkal

E-mail id: gowtham.kp2003@gmail.com

Contact Number (along with STD code): 91+ 8072 434858

Contact Number (along with STD code): 91+ 8072 434858



NAME & TEL NO. OF PERSON TO CONTACT (in case of emergency): Karunanithi . A
9942761316

☒ MALE ☐
 FEMALE

DATE OF BIRTH: 19/10/2003

PLACE OF BIRTH: pudhupalayam

MARITAL STATUS: Single

NATIONALITY: INDIAN

DOMICILE STATE: TAMIL NADU

PASSPORT DETAILS : NO: C2850364 DATE OF EXPIRY : 09/09/2034
 PLACE OF ISSUE : Coimbatore

DETAILS OF IMMEDIATE FAMILY MEMBERS :

NAME	RELATIONSHIP	AGE (yrs)	OCCUPATION
<u>Karunanithi . A</u>	<u>Father</u>	<u>44</u>	<u>Business</u>
<u>Poonkothai . K</u>	<u>Mother</u>	<u>41</u>	<u>House wife</u>
<u>Sumithra . K</u>	<u>Sister</u>	<u>21</u>	<u>Studing</u>

HEALTH DATA	HEIGHT: <u>167</u> cms.	PHYSICAL DISABILITY (IF ANY): <u>NO</u>	BLOOD GROUP: <u>A+</u>			
	WEIGHT: <u>74</u> kgs.					
	MAJOR ILLNESS / OPERATION (IF YES, GIVE DETAILS) <div style="text-align: center;"><u>NO</u></div>	STATE TIME LOST IN SICKNESS DURING THE LAST 2 YRS <div style="text-align: center;"><u>NO</u></div>				
	FAMILY HISTORY OF MAJOR ILLNESS (IF ANY): <u>NO</u>					
EDUCATION	START FROM YOUR LAST QUALIFICATION :					
	DEGREE	UNIV / INSTITUTE	MONTH & YEAR OF PASSING	CLASS / GRADE		
	<u>BE / Bio Medical Engineering</u>	<u>KPR Institute of Engineering and Technology</u>	<u>April 2025</u>	<u>7.3 CGPa</u>		
	PROFESSIONAL COURSES / DIPLOMA	UNIV / INSTITUTION	YEAR OF COMPLETION	CLASS / GRADE		
ACADEMIC ACHIEVEMENTS (IF ANY)		PROFESSIONAL MEMBERSHIPS				
PREVIOUS EMPLOYMENT	START FROM RECENT / LAST ASSIGNMENT :					
	EMPLOYER'S NAME & ADDRESS	TENURE		POSITION & FUNCTION	SALARY P.A.	REASON FOR LEAVING
		FROM	TO			

TRAINING DATA	DETAILS OF ANY TRAINING / SPECIAL COURSES ATTENDED DURING EMPLOYMENT :				
	NAME OF COMPANY	DURATION OF TRAINING		NATURE OF TRAINING	
		FROM	TO		
OTHER DATA	PRESENT / LAST SALARY :				
	Please attach recent salary slip.				
	REMUNERATION EXPECTED.				
	GROSS SALARY :				
	CTC :				
HAVE YOU APPLIED TO OUR ORGANISATION EARLIER? IF YES, MENTION POST APPLIED, YEAR & RESULT.					
IF SELECTED TIME REQUIRED TO JOIN			LOCATION PREFERENCE :		
<u>Immediately</u>			<u>Coimbatore</u>		
KNOWLEDGE OF LANGUAGE	MOTHER TONGUE : <u>TAMIL</u>				
	READ	WRITE		SPEAK	
	<u>TAMIL Yes</u>	<u>Yes</u>		<u>Yes</u>	
EXTRA-CURRICULAR ACTIVITIES					

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NAME & ADDRESS OF TWO REFERENCES (NOT RELATIVES) :

REFERENCE 1	REFERENCE 2
NAME: Ragamath . M	NAME: Girisiprasath . S
ADDRESS: Grandhi Ashwaram Pudhupalayam, Tiruchengode . Namakkal	ADDRESS: Grandhi Ashwaram Pudhupalayam, Tiruchengode, Namakkal.
TEL NO: 6379898710	TEL NO: 8610774070.

RELATIVES / ACQUAINTANCES IN OUR ORGANISATION (IF ANY) :

NAME	RELATIONSHIP	POSITION & LOCATION

HOW DID YOU KNOW ABOUT THIS POSITION / VACANCY?

I declare that the information given above is true to the best of my knowledge & I understand that any false information, misrepresentation or omission of facts called for in this application, or other company records may result in my immediate dismissal without notice even if subsequently employed.

DECLARATION

DATE: 16/07/2025

APPLICANT SIGNATURE: Goutham . K

PLACE: Coimbatore .