

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

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

ADDRESS: PERMANENT

4/82 - Gandhi Ashram
 pudhupalayam, Tiruchengode
 Namakkal

E-mail id: goutham.kp2003@gmail.com
 Contact Number (along with STD code) : 91 + 8072 434858



PERSONAL DATA

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>Karrunanithi . 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>Studying</u>

FAMILY DATA

HEALTH DATA	HEIGHT: <u>167</u> cms.	PHYSICAL DISABILITY (IF ANY): <u>NO</u>	BLOOD GROUP: <u>A+</u>			
	WEIGHT: <u>74</u> kgs.	STATE TIME LOST IN SICKNESS DURING THE LAST 2 YRS <u>NO</u>				
	MAJOR ILLNESS / OPERATION (IF YES, GIVE DETAILS) <u>NO</u>					
	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 2 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 TRANING / 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.				
KNOWLEDGE OF LANGUAGE	IF SELECTED TIME REQUIRED TO JOIN <u>Immediately</u>		LOCATION PREFERENCE : <u>Coimbatore</u>		
	READ	WRITE	SPEAK		
	<u>TAMIL Yes</u>	<u>Yes</u>	<u>Yes</u>		
EXTRA-CURRICULAR ACTIVITIES					

NAME & ADDRESS OF TWO REFERENCES (NOT RELATIVES) :

REFERENCE 1	REFERENCE 2
NAME: Ragamirth .M	NAME: Giti prasath .S
ADDRESS: Granthi Ashram Pudhupulayam, Tiruchengode. Narmakkal.	ADDRESS: Granthi Ashram Pudhupulayam , Tiruchengode, Narmakkal.
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?

DECLARATION

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.

DATE: 16/07/2025

APPLICANT SIGNATURE: Goutham .K

PLACE: Coimbatore .