



# HMT MACHINE TOOLS LIMITED

Registered Office: HMT Bhavan,  
#59, Bellary Road, Bangalore-560 032.

(Please fill boxes in BLOCK LETTERS only)

Affix Passport Size  
Photograph

## APPLICATION FOR THE POST OF :

<b>Preferred place of posting</b>		1)		2)		3)								
1	Name Mr. / Ms.													
2	S/o, D/o, W/o													
3	Address for Communication (with Pin code)													
3.1	Telephone Nos. (with STD Code)	Office				Residence								
3.2	Mobile													
3.3	Email IDs	1												
		2												
4	Date Of Birth (as per Matriculation / SSLC / SSC certiicate)	D	D	M	M	Y	Y	Y	Y	AGE (as on date of the application)	Y	Y	M	M
5	Caste/Category:	SC	ST	OBC	GEN	PH	MINORITY	(Tick appropriate column)						
6	<b>Educational Qualification (Self attested xerox copies of all Marks cards &amp; Degree Certificates are to be enclosed)</b>													
	Examination Passed	Year of Passing	Full/Part time	Course duration	University / Institution	Agrgt. % Marks	Specialisation							
6.1														
6.2														
6.3														
6.4														
6.5														
6.6														
6.7														
6.8														

7												Post-qualification Experience: (self attested xerox copies of experience certificates are to be enclosed) For experience details, separate sheet may be attached as Annexure)											
Organisation & Address			Designation			Nature of Duties			Period (Commencing from latest / present)						Turn over of the Company (Rs.Crores)		Basic Pay & Pay scale						
									From		To		Duration										
									MM	YY	MM	YY	YY	MM									
I																							
II																							
III																							
IV																							
V																							
VI																							
VII																							
VIII																							
IX																							
X																							
XI																							
XII																							
						<b>TOTAL P.Q. EXPERIENCE</b>																	
8												Any two references with contact details (other than relatives)											
Name & designation				Address				Phone No./ Mobile No.				Email IDs											
8.1																							
8.2																							
9												Details of relatives working in HMT Ltd or its Subsidiary Cos.											
10			Demand draft details			Date			No.			Amount (Rs.)			Bank								
<b>Original testimonials in respect of SI.No.4, 5, 6 &amp; 7 must be produced at the time of interview</b>																							
Certified that the Information furnished above are true to the best of my knowledge, information & belief. If, at a later date, the information furnished above are found to be false or inaccurate, the Management is free to take appropriate action as per the extant rules.																							
Place:																							
Date:												(Signature)											