Date of Interview: 21st December, 2018 (tomorrow)

Time of Interview: 09:00 am sharp

1 hour written test (Technical) from 10:00 am followed by personal interview.

## Place of Interview:

LARSEN & TOUBRO LTD – Construction

Godrej Water Side. Tower – II, 11th Floor,

Plot No. 5, Block DP, Sector 5, Salt Lake City, Kolkata – 700 091

## **Contact Details:**

Contact Person : Mrs. Moumika Roy Mobile No. : 033-44141129, 9830438725

Also kindly advise the students to carry the below mentioned documents (original + photocopy):

- 1. Updated Resume
- 2. Employee Application Form Duly filled (Attached)
- 3. All Education Certificates & Mark sheets
- 4. Proof of Date of Birth, preferably **SSC Pass certificate**
- 5. Aadhar Card
- 6. College ID Card (students without college ID will not be allowed)
- 7. Two copies coloured passport photograph



## **BUILDINGS & FACTORIES INDEPENDENT COMPANY**

## **EMPLOYMENT APPLICATION FORM FOR TRAINEES**

| QUALITY I | MANAGEMENT | SYSTEM |
|-----------|------------|--------|
|           |            |        |

| SEN 08 F 03 | ISSUE NO.2 |
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|----------------------------|-------------------------|--|-------------|------------|
| POST GRADUATE ENGR. (PGET) |                         |  |             | CIVIL      |
|                            | GRADUATE ENGR. (GET)    |  | DICCIDI INF | MECHANICAL |
| DIPLOMA ENGR. (DET)        |                         |  | DISCIPLINE  | ELECTRICAL |
|                            | OTHERS (Please Specify) |  |             | OTHER      |

| POSITIO             | N  | POS                 | T GRADI                               | JATE            | ENGR.         | . (PGE              | T)            |                    |                |              |          |                |  | (    | CIVIL       |      |                |        |       |       |
|---------------------|--|---------------------|---------------------------------------|-----------------|---------------|---------------------|---------------|--------------------|----------------|--------------|----------|----------------|--|------|-------------|------|----------------|--------|-------|-------|
| APPLIED             |  | GRA                 | DUATE                                 | ENGR            | . (GET)       | )                   |               |                    |                |              | חוכ      |                | IDLINIE                                | ı    | ИЕСН        | ANIC | AL             |        |       |       |
| Please ti           | ck (√)   | DIPLOMA ENGR. (DET) |                                       |                 |               |                     |               |                    |                |              | טוט      | DISCIPLINE     |  |      |             |      | L              |        |       |       |
|                     | OTHERS (Please Specify)                              |                     |                                       |                 |               |                     |               |                    |                |              | OTHER    |                |  |      |             |      |                |        |       |       |
|                     | NAME II  | N BL                | OCK LET                               | TERS            | (As pe        | er SSC              | Recor         | ds)                | :              |              |          |                |  |      |             |      |                |        |       |       |
|                     | PRESENT ADDRESS – VALID UNTIL:                       |                     |                                       |                 |               |                     |               |                    |                |              |          |                | PERMANENT                              | ADD  | RESS        |      |                |        |       |       |
|                     |  |                     |                                       |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
| ILS                 |  |                     |                                       |                 |               |                     |               |                    |                |              |          |                | City                                   |      |             |      | Dinas da.      |        |       |       |
| Ε                   | City:<br>Email ID                                    | T                   |                                       |                 |               | PIIIC               | code:         |                    |                |              |          |                | City:<br>Mobile No.                    |      |             |      | Pincode:       |        |       |       |
| PERSONAL DETAILS    | Liliali IL   | _                   | ЛALE                                  |                 |               |                     | DATE          | 05                 | DID.           | TU           |          | ╁              |  | THE  |             | NAT  | IONALITY       |        |       |       |
| ₹                   | SEX  | -                   |                                       |                 |               |                     | DATE OF BIRTH |                    |                |              |          | MARTIAL STATUS |  |      | NATIONALITY |      |                |        |       |       |
| Q                   |  | F                   | EMALE                                 |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
| :RS                 | PASSPO   | ORT N               | NUMBER                                | ₹               |               |                     | NAME          | AS                 | IN P           | PASS         | PORT     | T              |  |      | PF          | OFES | SSION AS IN PA | ASSPO  | RT    |       |
| <u> </u>            |  |                     |                                       |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     | DATE OF ISSUES                                       |                     |                                       |                 | ٧             | VALID UPTO          |               |                    | PLACE OF ISSUE |              |          | JE             | COUNTRIES VALID FOR                    |      |             |      |                |        |       |       |
|                     |  |                     |                                       |                 |               |                     |               |                    |                | ı            |          | _              |  |      |             |      |                |        |       | ı     |
|                     | LANGUAGES KNOWN<br>(Tick R-Read W-Write S-Speak)     |                     | VN                                    | МОТ             | MOTHER TONGUE |                     | IE            | R                  | W              | S            |          |                | R                                      | W    | S           |      | R              | W      | S     |       |
|                     |  |                     | peak)                                 |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     |  |                     |                                       |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     | MOST SERIOUS RECENT I                                |                     |                                       |                 | IT ILLN       | LLNESS NO. DAYS ILL |               |                    | .L             |              |          | ı              | UTAI                                   | RE O | FILLNESS    |      |                |        |       |       |
|                     | 1  |                     |                                       |                 |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     | POWER OF LEFT EX                                     |                     |                                       |                 | PHYS          |                     |               | SICAL DISABILITY ( |                |              | (IF ANY) |                |  |      | HEIGHT (cn  | ns)  |                |        |       |       |
|                     |  | EYE GLASS RIGHT EYE |                                       |                 |               |                     |               |                    |                |              |          |                |  |      | WEIGHT (K   | g)   |                |        |       |       |
|                     | NAME (   | OF T                | HE INST                               | TITUTI          | E             |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
| AILS                | DIPL   | LOMA                | IE DEGREE<br>WITH<br>ATION            | ≣/              |               |                     |               |                    |                |              |          |                | NAME OF POST O                         |      |             | N    |                |        |       |       |
| ĒT                  | 31 20  | JII (LIJ)           | · · · · · · · · · · · · · · · · · · · |                 |               |                     | MA            | ۱RK                | :S             |              |          |                |  |      |             |      | SCHOLASTI      | C ACH  | IEVEN | 1ENTS |
| _                   | EXAM PASSED  |                     |                                       |                 | SCOF          | SCORED MAXIMUM      |               |                    |                | YEAR OF PASS |          |                | (DISTINCTIONS / AWARDS / SCHOLARSHIPS) |      |             |      |                |        |       |       |
| Š                   | SSC OR   | FOU                 | IVAI FN                               | Г               |               |                     |               |                    |                |              |          |                |  |      |             |      | ЗСПОІ          | -ANSII | 173)  |       |
| EDUCATIONAL DETAILS | INTERME  |                     |                                       | 1 <sup>st</sup> | Yr.           |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     | EQUIVALE   |                     | · • · · ·                             | 2 <sup>nd</sup> |               |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
| Š                   |  |                     |                                       | 1 <sup>st</sup> | Yr.           |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
| ᇳ                   | DEGRE<br>OR<br>DIPLOM                                |                     |                                       | 2 <sup>nd</sup> | Yr.           |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     |  |                     |                                       |                 | Yr.           |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     |  |                     |                                       | 4 <sup>th</sup> | Yr.           |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |
|                     | AVERAGE OF THE DIPLOM. /DEGREE MARKS (IN PERCENTAGE) |                     |                                       |                 | 1A            |                     |               |                    |                |              |          |                |  |      |             |      |                |        |       |       |

| P.G. DEGREE /                             | 1 <sup>ST</sup> Yr |  |  |  |
|---|--------------------|--|--|--|
| P.G DIPLOMA                               | 2 <sup>nd</sup> Yr |  |  |  |
| AVERAGE OF THE P.G. MARKS (IN PERCENTAGE) |                    |  |  |  |

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| NO              | TITLE OF THE PROJECT WORK SUBMITTED FOR DEGREE / DIPLOMA              |  |                  |                                     |                   |  |  |  |  |  |  |
|-----------------|---|--|------------------|-------------------------------------|-------------------|--|--|--|--|--|--|
| EDUCATION       | TITLE OF THE PROJECT WORK SUBMITTED FOR POST GRADUATION /POST DIPLOMA |  |                  |                                     |                   |  |  |  |  |  |  |
| EDI             | WHAT ARE YOUR FUTURE PLAN   | NS REGARDING HIGHER S  | TUIDES?          |                                     |                   |  |  |  |  |  |  |
| S               | NAME OF YOUR FAMILY MEME  | BERS D   | ATE OF BIRTH     | RELATIONSHIP                        | HIP OCCUPATION    |  |  |  |  |  |  |
| FAMILY DETAILS  |   |  |                  |                                     |                   |  |  |  |  |  |  |
| DE              |   |  |                  |                                     |                   |  |  |  |  |  |  |
| I               |   |  |                  |                                     |                   |  |  |  |  |  |  |
| FAN             |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 | IS THER ANYTHING YOU WISH   | TO MENTION WHICH WII   | I HELP US IN CON | SIDERING YOUR APPL                  | ICATION?          |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
| ٥               |   |  |                  |                                     |                   |  |  |  |  |  |  |
| TAIL            |   |  |                  |                                     |                   |  |  |  |  |  |  |
| L DE            | RELATIVES / ACQUIAINTENCES IN L & T GROUP OF COMPANIES                |  |                  |                                     |                   |  |  |  |  |  |  |
| GENERAL DETAILS | NAME  | RELATIONSHIP   | POS              | SITION                              | COMPANY           |  |  |  |  |  |  |
| GEN             |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 | FACILITY DEFENDE  |  | 2                |                                     |                   |  |  |  |  |  |  |
|                 | FACULTY REFERENCE 1.  |  | 2                |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 |   |  |                  |                                     |                   |  |  |  |  |  |  |
|                 | DECLARATION   | UNDER SECTION 314 OF C   |                  |                                     |                   |  |  |  |  |  |  |
|                 | I hereby declare that I am not c                                      | STRIKE OUT WHICHEVE onnected with any director of the contract |                  | BLE)<br>declare that I am a partner | / relative of Mr. |  |  |  |  |  |  |
|                 | Company as his partner or his re                                      | elative as detailed under section  | 6                |                                     |                   |  |  |  |  |  |  |
|                 | of the Companies Act 1956.  |  | a directo        | or of the company as                |                   |  |  |  |  |  |  |
| I               | 1   |  |                  |                                     |                   |  |  |  |  |  |  |

| of facts called fo | or in this application or other company | s are true and correct and I understand and agree that misrepresentation or omission records shall automatically resigned the contract of employment. I authorise inquiry all persons and agree to hold such persons harmless with respect to any information |
|--------------------|---|---|
| DATE               | PLACE:                                  | SIGNATURE OF APPLICANT  |

PLEASE DO NOT ATTACH ANY ORIGINALS/COPIES OF CERTIFICATES OR TESTIMONIALS