

IN CASE OF EMERGENCY, to contact :	
Name :	Relationship :
Address :	Tel No. Hse :
	H/P :
	Off :

C) EDUCATION QUALIFICATIONS :

School Attended (Academic/Vocational/Technical)	Year	Highest Standard Passed/Grade Achieved

D) EMPLOYMENT HISTORY :

Name Of Employer	Employment Period	Position Held	Basic Salary Drawn		Reason For Leaving
			Start	End	

E) MEDICAL HISTORY :

Have you ever had or been treated for any illness, under continuous medical treatment, undergone surgical operation or advised to do so ? YES NO

If 'YES' , please give complete details below :

Date	Type Of Illness/Treatment/Surgical	Present Condition

- I AM suffering from the following chronic disease (please tick in the appropriate box)
- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Skin Disease |
| <input type="checkbox"/> Others, please specify : | |

I am NOT suffering from any of the diseases mentioned above.

I am prepared to undergo a medical check-up if the need arises at any point of pre or upon employment.

Yes No

F) PERSONAL REFERENCE :

Do you have any friends or relatives working here? If yes, please provide the following details :

Name : _____ Relationship : _____ Position : _____

Have you ever been terminated or suspended in your previous employment? Yes No

If 'Yes', please give full details. When : _____

Why : _____