

JobSeeker Registration : Personal Details

First Name*	<input type="text"/>	Father's Name	<input type="text"/>
Middle Name	<input type="text"/>	Mother's Name	<input type="text"/>
Last Name	<input type="text"/>	Email Address(If any)	<input type="text"/>
Sex*	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/>
Marital Status*	<input type="text"/>	Spouse Name	<input type="text"/>
Caste*	<input type="text"/>	Religion*	<input type="text"/>
Urban/Rural*	Urban ▾	Phone Number*	<input type="text"/>
Address for Communication		Province - Permanent Address	
Address*	<input type="text"/>	State*	<input type="text"/>
	<input type="text"/>	Information Regarding State/Residence Certificate.	
City/Tehsil*	<input type="text"/>	State Belongs Certificate Number	<input type="text"/>
State	Manipur	Certifying Authority	<input type="text"/>
District	Imphal East	Certificate Date	<input type="text"/> <input type="text"/> <input type="text"/>
Pincode*	<input type="text"/>	Passport Number	<input type="text"/>
Area Police Station	<input type="text"/>	Driving License No.	<input type="text"/>
Identification Mark	<input type="text"/>	Remarks	<input type="text"/>

Educational Qualification

Exam passed*	<input style="width: 80%;" type="text"/>
School/Institute Name	<input style="width: 80%;" type="text"/>
Passing Year	<input style="width: 80%;" type="text"/>
Division	<input style="width: 80%;" type="text"/>
Board/University	<input style="width: 80%;" type="text"/>
Medium of instruction	<input style="width: 80%;" type="text"/>
Percentage	<input style="width: 80%;" type="text"/> %
specialization	<input style="width: 80%;" type="text"/>

Subjects Studied Choose Both Subject and Subject Type(Optional)

Subject	Llective I	Llective II	Honors	Main	Special	Subsidiary

Exam passed*	<input style="width: 80%;" type="text"/>
School/Institute Name	<input style="width: 80%;" type="text"/>
Passing Year	<input style="width: 80%;" type="text"/>
Division	<input style="width: 80%;" type="text"/>
Board/University	<input style="width: 80%;" type="text"/>
Medium of instruction	<input style="width: 80%;" type="text"/>
Percentage	<input style="width: 80%;" type="text"/> %
specialization	<input style="width: 80%;" type="text"/>

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Board/University	<input style="width: 80%;" type="text"/>
Medium of instruction	<input style="width: 80%;" type="text"/>
Percentage	<input style="width: 80%;" type="text"/> %
specialization	<input style="width: 80%;" type="text"/>

Subjects Studied Choose Both Subject and Subject Type(Optional)

Subject	Llective I	Llective II	Honors	Main	Special	Subsidiary

Experience

Name of Employer	<input type="text"/>	AD-HOC ADMINISTRATIVE APPRENTICESHIP CENTRAL GOVERNMENT DAILY WAGES DEFENCE FULL TIME REGULAR FULL TIME TEMPORARY HOURLY INSTRUCTIONAL & SUPERVISORY OTHERS PART TIME REGULAR PART TIME TEMPORARY PVT FULL TIME REGULAR PVT FULL TIME TEMPORARY PVT PART TIME REGULAR PVT PART TIME TEMPORARY QUASI CENTRAL GOVERNMENT QUASI STATE GOVERNMENT STATE GOVERNMENT	Pay on Leaving	Rs. <input type="text"/> PM
Experience Type	<input type="text"/>		Type of Job	<input type="radio"/> PartTime <input type="radio"/> FullTime
From	<input type="text"/>		To	<input type="text"/>
Post/Designation	<input type="text"/>		Sector	<input type="text"/>
Reason for Leaving	<input type="text"/>		Nature-of-Work	<input type="text"/>

Name of Employer	<input type="text"/>		Pay on Leaving	Rs. <input type="text"/> PM
Experience Type	<input type="text"/>		Type of Job	<input type="radio"/> PartTime <input type="radio"/> FullTime
From	<input type="text"/>		To	<input type="text"/>
Post/Designation	<input type="text"/>		Sector	<input type="text"/>
Reason for Leaving	<input type="text"/>		Nature-of-Work	<input type="text"/>

Sl.	Language Known	Read	Write	Speak
1				
2				
3				

Sl.	Language Known	Read	Write	Speak
4				
5				
6				

Additional Information Details

Are you ready to Relocate	<input type="text"/>	Are you Employed	Yes / No
Proof of Residence (Passport,Voter ID,Ration Card etc.)	<input type="text"/>	Residence Proof IdNumber	<input type="text"/>
Expected Minimum Salary			
Local Jobs(Rs PM)	<input type="text"/>	Outside Jobs(Rs PM)	<input type="text"/>
Priority			
Central Yes / No	Central Priority <input type="text"/>		
Certificate Number <input type="text"/>	Certifying Authority(S) <input type="text"/>	Period of Works(S)(Months) <input type="text"/>	Certificate Date(S) <input type="text"/> <input type="text"/> <input type="text"/>
State			
State Yes / No	State Priority <input type="text"/>		
Certificate Number <input type="text"/>	Certifying Authority(S) <input type="text"/>	Period of Works(S)(Months) <input type="text"/>	Certificate Date(S) <input type="text"/> <input type="text"/> <input type="text"/>
Physical Standards			
Wear Glasses	Yes / No	Main Sports	<input type="text"/>
Height (in Cms)	<input type="text"/>	Sports Level	<input type="text"/>
Weight (in Kgs)	<input type="text"/>	Sports Grade	<input type="text"/>
Chest (in Cms)	<input type="text"/>	Ncc Level	<input type="text"/>
Disability (More than 40%)	Yes / No	Whether Ex-serviceman	<input type="text"/>
Blood Group	<input type="text"/>	Whether Displaced	<input type="text"/>

Enter Ex-Serviceman Details

Type	<input type="text"/>	Rank	<input type="text"/>
Regimental/Service Number	<input type="text"/>	Date of Joining	<input type="text"/> <input type="text"/> <input type="text"/>
Date of Discharge	<input type="text"/> <input type="text"/> <input type="text"/>	Character	<input type="text"/>
Medical Category	<input type="text"/>	Reasons of Discharge	<input type="text"/>

Willingness Details

Employment Sector Willingness	Any Sector CO-OPERATIVE Central Govt(C.G.) Central Quasi Govt(C.Q.G.)	Vacancy Willingness	Any type of vacancy Adhoc Daily Wages Regular Only
Other Willingness	<input type="text"/>		
Whether willing to	<input type="text"/>		
(ii)Undergo training	<input type="text"/>	Specify Trade(s)	<input type="text"/>
Non Availability	<input type="text"/>		
From	<input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> <input type="text"/>
Reason for NonAvailability	<input type="text"/>	Interested In Self-Employment	<input type="radio"/> Yes <input type="radio"/> No

Caste Details

Main Caste *	<input type="text"/>	OBC(At Centre)*	Yes / No
Sub Caste	<input type="text"/>		
Certificate Number*	<input type="text"/>	Certificate Issue Date*	<input type="text"/> <input type="text"/> <input type="text"/>
Certificate Issued by Whom*	<input type="text"/>	Remarks	<input type="text"/>

Disability Details

Disability (More than 40%)*	<input type="text"/>
Working Capacity*	<input type="text"/>
Part/Full*	<input type="text"/>
Minimum Percentage*	<input type="text"/>
Certificate Number*	<input type="text"/>
Certificate Issue Date*	<input type="text"/> <input type="text"/> <input type="text"/>
Certificate Issued by	<input type="text"/>
Interview Date	<input type="text"/> <input type="text"/> <input type="text"/>
Remarks	<input type="text"/>