Application for Consultant
(Important: Please use only A4 size paper for application and other testimonials)

PART A

Affix recent passport size Photograph here

01	Position to which applied			:	Cons	ultant				
02	Advt. No. & Date			:						
03	Name in full (in Block letters)			:						
04	Age and Date of Birth (Enclose a copy of certificate in support of age)									
05	Nationality			:						
06	Father's/Husband's name			:						
07	Address for correspondence (in Block letters)			ı :						
08	Permanent Address			:						
	Telephone No. (Landline/Cell)			:	Land	line :				
				:	Mobil	le :				
					E-ma	il:				
09	Educational/professional qualification (indicating clearly the examinations passed, University/Board, Year and Month of passing, class and percentage of marks & subjects taken starting from minimum qualification prescribed for the post)									
	nina	Year and	Board/		age of l		Class	Subject	Whether	
	on	month of	University/ Institution	semester wise /year wise			obtained	s taken	marks	
pas	sed	passing		7000	/year v iester	wise % of			sheets enclosed	
					ester year	marks			chelosed	
(ATTACH SEPARATELY as Annexure – I)										

Details of the previous/present employment held, if any, in chronological order starting from present position backwards (indicating the name of the employer with full address, post held, salary drawn, period of service, nature of duties etc.). Supporting documents in the form of offer of appointment letter, discharge letter, experience certificate etc. shall be enclosed. Without these documents, experience will not be considered. Name of the Post held Service Period Scale of Nature of Firm/Company pay, salary duties From To with address drawn (ATTACH SEPARATELY as Annexure – II) 11 Total number of years of experience 12 Area of expertise 13 Details of special work carried out if any Training/Course 14 Details of attended 15 Details of Seminar/Training/short term courses organized Details of awards/honours 16 received

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give details

Have you executed any bond to present Employer, if so, please

If selected, the minimum time required to join the engagement

Name and address of two persons 1. who have knowledge about your

professional experience

DECLARATION

I affirm that the information given in this application is true and correct.	I also
fully understand that if at any stage it is discovered that any attempt has been	made
by me to willfully conceal or misrepresent the facts, my engagement will be sum	marily
rejected and my employment terminated without notice and compensation.	

Place:

Date:

(Signature of the Candidate)