



Academy of Scientific and Innovative Research

Headquarters: AcSIR, Training and Development Complex, CSIR Campus, CSIR Road, Taramani, Chennai – 600 113

Coordination Office: AcSIR, CSIR-Central Road Research Institute, CRRI P.O, Delhi-Mathura Road, New Delhi – 110025

CSIR-Indian Institute of Toxicology Research

Application Form for post of Executive Consultant

A. Personal Information					
Name in full (in block letters):					<i>Affix Recent Photograph</i>
Father's Name:					
Nationality:					
Religion:					
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Category:	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH				
Date of Birth (as per SSLC/ HSC/ SSC/ Matric Certificate)	Date	<input type="text"/>	Month	<input type="text"/>	Year <input type="text"/>
Address for Communication:					
	City:			Pin code:	
	State:				
Phone with STD code/ Mobile No.:					
E-mail:					
B. Academic Information (commencing with the Matriculation or equivalent examination in chronological order)					
Examinations Passed	Name of the Board/ University	Year of Passing	Subject/ Specialization	Percentage/ CGPA	Class/ Division

Name: _____

C. Details of Postgraduate Diploma in Computer Applications

Name of the Institution/ Body	Duration of Diploma	Year of Passing	Subject/ Specialization

D. Knowledge of Computer Applications

MS Excel	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
MS Word	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
MS Powerpoint	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Video Calling (Skype etc.)	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Please add additional skills, rate as above:

E. Work Experience (starting from the present employment), if any*

List Name & Address of the employer	Position Held and Nature of Work	Period		Permanent/ Temporary	Salary & Grade <i>(annual)</i>
		From	To		

**Please be brief, if extra space needed use Page 4*

F. References

List two references (not relatives) having knowledge of your work performance, who might be contacted, if needed.

Name and Occupation	Address	E-mail and Phone/ Mobile

DECLARATION

I _____ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/ distorted any material/ information, my engagement as Executive Consultant is liable to be summarily terminated without notice.

Date:

Place:

Signature

Name: _____

SPACE FOR ADDITIONAL ENTRIES
(Please mention section, to which the information pertains)
