



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, CRR I P.O, Delhi-Mathura Road, New Delhi – 110025

Office of AcSIR Coordinator at CSIR-NCL

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 (annual)
		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

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