**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

**AcSIR Coordination Office**

**Application Form for post of Executive Consultant**

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| 1. **Personal Information** | | | | | | | | | | | | | | | | |
| Name in full  (in block letters): | |  | | | | | | | | | | | | *Affix Recent*  *Photograph* | | |
| Father’s Name: | |  | | | | | | | | | | | |
| Nationality: | |  | | | | | | | | | | | |
| Religion: | |  | | | | | | | | | | | |
| Gender: | | Male Female | | | | | | | | | | | |
| Category: | | Gen SC ST OBC PH | | | | | | | | | | | | | | |
| Date of Birth  (as per SSLC/ HSC/ SSC/ Matric Certificate) | | Date Month Year | | | | | | | | | | | | | | |
| Address for Communication: | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | | Pin code: | | | |  | | |
| State: | |  | | | | | | | | | | | | |
| Phone with STD code/ Mobile No.: | |  | | | | | | | | | | | | | | |
| E-mail: | |  | | | | | | | | | | | | | | |
| 1. **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 |
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| 1. **Details of Postgraduate Diploma in Computer Applications** | | | | | | | | | | | | | | | | |
| Name of the Institution/ Body | | | | | Duration of Diploma | | | | Year of Passing | | | Subject/ Specialization | | | | |
|  | | | | |  | | | |  | | |  | | | | |
| 1. **Knowledge of Computer Applications** | | | | | | | | | | | | | | | | |
| MS Excel | | | Average Good Excellent | | | | | | | | | | | | | |
| MS Word | | | Average Good Excellent | | | | | | | | | | | | | |
| MS Powerpoint | | | Average Good Excellent | | | | | | | | | | | | | |
| Video Calling (Skype etc.) | | | Average Good Excellent | | | | | | | | | | | | | |
| Please add additional skills, rate as above: | | | | | | | | | | | | | | | | |
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| 1. **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***

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| --- | --- | --- |
| 1. **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 |
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**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)*