**Arrival Time in ICSIL: ………………**

**Post Name :** **IT ASSISTANT** **JOB ID:** ………………… **Application ID**: ……………………… **DATE: …………………..**

**Date of filing application/ registration online :**  -

PASSPORT SIZE PHOTOGRAPH

 D D M M Y Y Y Y

 **Name of Applicant : ………………………………………………………………………………………..**

**Father’s/ Husband’s Name : …………………………………………………………………………………………**

**Date Of Birth :** : - -

 D D M M Y Y Y Y

**Address : ……………………………………………………………………………………………………………………….**

 **………………………………………………………………………Pin Code :**

**Phone No :** **Mobile No: ……………………………….**  **Alternate No: ………………………….…………………..**

**Email ID : ………………………………………………………………………………………………………………………**

**Qualification :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** |  **Qualification** | **Board / University** | **Stream / Subjects** | **Percentage / Grade** |
| **1.** | **10th Board**  |  |  |  |
| **2.** | **12th Board**  |  |  |  |
| **3.** | **Graduation(College/University)** |  |  |  |
| **4.** | **Any Other Qualification** |  |  |  |
|  |  |  |  |  |

**Experience :**

## (Last Three Years)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of Organization** | **Designation** | **No. of Years** | **Brief Nature Of Work** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

**I hereby declare that all the information given above is true to the best of my knowledge & belief . If any of the above information / details furnished by me is found to be incorrect / false , my candidature may be cancelled.**

**Registration Fees: Rs. 200/- (at the time of typing test) & Rs. 800/- (at the time of appointment**

**shall be paid by the candidate.)**

 **(Signature of Candidate)**