

FORM NO.QF/HR/02



-INTELLIGENT COMMUNICATION SYSTEMS INDIA LTD. (A joint venture of TCIL-A Govt. of India Enterprise & DSIIDC – An undertaking of Delhi Govt.)

Department Name: _____ DATE : _____

NAME : _____

FATHER'S/ HUSBAND'S NAME : _____

DATE OF BIRTH :

--	--

 DAY

--	--

 MONTH

--	--	--	--

 YEAR

PASSPORT SIZE
PHOTOGRAPH

ADDRESS : _____

PIN _____

PHONE No : MOBILE _____ Alternate NO. _____

EMAIL ID : _____

AXIS BANK ACCOUNT NO. :

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QUALIFICATION : (A) ACADEMIC / TECHNICAL

S. No.	EDUCATIONAL QUALIFICATION	BOARD / UNIVERSITY / INSTITUTE	SUBJECTS	MARKS (%) / GRADE	YEAR / DURATION
1.	SECONDARY (10 th)				
2.	SENIOR SECONDARY (12 th)				
3.	B.C.A/ B.A/ B.COM/ B.SC/ B.TECH/ B.E				
4.	MCA/ MA/ M.COM/ M Sc/ M.TECH				
5.					

EXPERIENCE:

I HEREBY DECLARE THAT ALL THE ABOVE INFORMATION GIVEN ARE TO TRUE TO THE BEST OF MY KNOWLEDGE. IN CASE ANY OF THE ABOVE INFORMATION / DETAILS FURNISHED BY YOU FOUND TO BE INCORRECT / FALSE, , A SERIOUS VIEW WILL BE TAKEN AND YOUR CANDIDATURE WILL BE CANCELLED.

Registration Fee: Rs. 500/-

(SIGNATURE OF THE CANDIDATE)