

**ICSIL**

(A joint venture of TCIL-A Govt. of India Enterprise & DSIIDC – An undertaking of Delhi Govt.)

Post Name : \_\_\_\_\_ DATE : \_\_\_\_\_

NAME : \_\_\_\_\_

FATHER'S/ : \_\_\_\_\_  
HUSBAND'S NAME

DATE OF BIRTH :

DAY                  MONTH                  YEAR

ADDRESS :

PIN

PHONE No : MOBILE Alternate NO.

EMAIL ID :

[illegible]

QUALIFICATION : (A) **ACADEMIC / TECHNICAL**

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

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. 600/- (Payable at the time of Appointment)

**(SIGNATURE OF THE CANDIDATE)**