

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.)

(Please fill the form in Capital Letter's)

Post Name : _____ DATE : _____

NAME : _____

FATHER'S/
HUSBAND'S NAME : _____

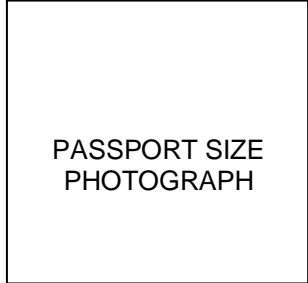
DATE OF BIRTH :

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DAY MONTH YEAR



ADDRESS : _____

_____ PIN _____

PHONE No : MOBILE _____ Alternate NO. _____

EMAIL ID : _____

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.	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)