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 Letters)

Post Name : ___________________________________ ___ DATE : ______________________

NAME : ____

FATHER'S/ HUSBAND'S NAME : ____

DATE OF BIRTH : [ ][ ] DAY [ ][ ] MONTH [ ][ ][ ][ ] YEAR

PASSPORT SIZE PHOTOGRAPH

POSTAL ADDRESS :____

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____PIN__________________

PHONE No : MOBILE _______________________________ Alternate NO. _____________________________

EMAIL ID (in Capital Letters):

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

S. No.	EDUCATIONAL QUALIFICATION	BOARD / UNIVERSITY / INSTITUTE	SUBJECTS	MARKS (%) / GRADE	YEAR / DURATION
1.	SECONDARY (10th)				
2.	SENIOR SECONDARY (12th)				
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:

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

Registration Fee: Rs. 1000/- (Payable at the time of Appointment)

(SIGNATURE OF THE CANDIDATE)