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 **Application for the position of Senior Adviser**

1. **Personal Details**
	1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First Name) (Last Name)

* 1. Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 (Date) (Month) (Year)

* 1. Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years

* 1. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Mailing Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Telephone/Mobile No. : \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. E-mail Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Educational /Additional Qualifications**

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| **Name of the Institution**  | **University / Board**  |  **Subject/** **Degree**  | **Specialisation**  | **Year of Passing**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. **Work Experience**
	1. **Experience in work (starting from present employer)**

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| --- | --- | --- | --- | --- |
| **Name of the** **Company** **(with full address** **including contact details)**  | **Position held**  | **Total period of Experience**  | **Major responsibilities**  | **Gross** **Annual** **Salary**  |
| **Total** **In years**  | **Period From**  | **Period To**  |
|  |  |  |  |  |  |  |
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* 1. **Write, in brief, why you consider yourself suitable for this position?**

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1. **Additional Information**
	1. **Any other information (including awards received etc), please specify**

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* 1. **References**

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| Sr. No.  | Name  | Address  | Email ID  | Mobile / Land Line Number(s)  |
|   |   |   |   |   |
|   |   |   |   |   |

**V Health condition**

(Serious illness, if any)

Note : Furnishing of FALSE information in the case of a candidate selected and engaged will be treated as a misconduct.

**Declaration**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

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| --- | --- |
| Date :  |  |
| Signature:  |   |

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