

Indian Council of Social Science Research (ICSSR)

Aruna Asaf Ali Marg, JNU Institutional Area, New Delhi – 110 067 www.icssr.org Affix recent
passport size
photograph
duly signed by the
applicant

FORMAT OF APPLICATION

1.	Post applied for	: CONSULTANT AUDIT (Contractual)
2.	Name of the applicant	:
3.	Father's Name	:
4.	Husband's Name (In case of Married female candidate)	:
5.	Date of Birth (DD/MM/YYYY)	:
6.	Age as on Last date of Application	:
7.	Nationality	:
8.	Gender	:
9.	Category (SC/ST/OBC/Gen./PH)	:
10.	Address for communication	:
		Pin Code:
11.	E-Mail ID	:
12.	Telephone/Mobile No.	:
13.	Last post held/ Name of the office	:
14.	Date of Retirement from the last Post	:
15.	Last Basic Pay	:

16. Educational Qualifications (In chronological order):

S.No.	Exams Passed	Board / University	Year	Division	Percentage (%)	Subject

(Please attach self-attested copies of the testimonials)

17. Details of Professional/	
Technical Educational Qualification	:
40 11 1 1 1 1 60 1 4	
18. Working knowledge of Computer App	Dications:
••••••	

19. Work Experience:

S.	Name of	Post	From	То	Experience			Nature of duties	Whether
No.	Organization with address	held & Pay Scale			No. of Years	Months	Total	(attach experience Certificate)	regular/ ad- hoc/Full time/Part time

(Please use extra sheets if required)

20. Langu	uages Known	·				
any p	you ever been imposed enalty s please give details)	:				
or co	departmental inquiry pending ntemplated against you. s please give details)	: <u>.</u>				
Which in sup	other relevant information h you would like to mention pport of your suitability for ost applied for	:				
24. DECL	ARATION:					
(i)	that all the statements made in the best of my knowledge an information being found false eligibility conditions accord	e eligibility conditions as per the advertisement and in this application are true, complete and correct to ind belief. I understand that in the event of any e or incorrect at any stage or not satisfying the ling to the requirement mentioned in the ure/ appointment is liable to be cancelled /				
(ii)	I have enclosed the required se	If-attested copies of the certificates.				
		(Signature of the applicant)				
Place:						
Date:						