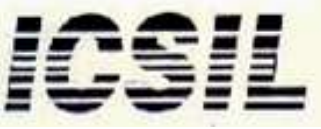


FORM NO.QF/HR/02



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 : _____

 _____ 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 (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 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)