

SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS]

CIT Campus, MGR Knowledge City, Taramani, Chennai – 600 113. India.

Passport Size Photograph

PERSONAL PARTICULARS FORM

1.	Adve	ertisement No		: SETS/Chr	: SETS/Chn/Rec/Proj-DST/2018-19/03					
2.	Post	applied for		<u>:</u>						
3.	Nam	e in full (in block letters)		:						
4.	Fathe	er's/ Spouse's name		<u>:</u>						
5.	i) Da	te of Birth		<u>:</u>						
	ii) Ag	ge as on closing date		:			 -			
6.	Natio	onality		:						
7.	Relig	gion		:			 -			
8.	Cate	gory (SC/ST/OBC/PH/Gen	eral)	:						
).	Address for correspondence(in block letters) :									
	Cont	act Telephone No. / Mobile	e No.	:						
	E-ma	nil ID		:						
10.	Perm	anent address		:						
11.	Curre	ent Position with organisati	on details	:						
	(write	e NA if not applicable)								
12	Educ	ational Qualification (in ch	ronological	order from 10 th	standard onwa	orde):				
1 <i>2</i> .	Lauc	ational Quantication (in ch	ironologicar	order from 10	standard on wa	iius).				
	SI. No.	Degree/Certificate	Year of Passing	% of Marks obtained or CGPA with Class	University / Institute	Subject specialization	Remarks (if any)			
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13. Employment (in chronological order starting with the first job):

	SI.	Period		Name of	Position	Salary drawn	Jobs / Duties
	No.			Organization	held	with scale of pay	handled
		From	То				
						and grade pay	
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Ĺ							
14.	. Detai	ils of resea	arch work	x / experience/ Publication	ns/ Skill sets: _		
16	Speci	ialization v	with refer	rence to			
10.							
	exper	rience desi	red for th	ne post			
16.	Hono	ors / Awar	ds receive	ed if any :			
				· · · · · · · · · · · · · · · · · · ·			
17.	17. Any other information you wish to furnish:						
18.	Refe	rence (Tw	o)				
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	NT	_					
	Nam						
	Desig	gnation					
	Addr	ess					
	Mohi	ile No.					
	Emai	il ID					
L			I.				

<u>NB</u>: In case of insufficient space for any column above, please attach separate sheet duly signed as Annexure to this Personal Particulars Form.



19. Declaration:

I certify that the information furnished above are correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed/distorted any material/information, my appointment shall be liable to be summarily terminated without notice/compensation.

	(Name and Signature of the Applicant)
Date :	
Place:	
	uments attached:
1.	
2.	
3.	
4.	
5.	
6.	
7.	