**PERFORMA\_A**



Photograph

**APPLICATION FORM FOR APPOINTMENT AS ICSI COUNSELLORS**

|  |  |
| --- | --- |
| **Name in Full( All CAPS) :** | **First Name :****Middle Name:****Last Name :** |
| **Sex**  | **Male / Female / Others** |
| **Date of Birth**  | **\_\_\_\_\_\_Day\_\_\_\_\_ Month \_\_\_\_\_\_\_Year** |
| **Academic Qualifications** **(with Class/Division& % of marks obtained)****(Please attach a copy of the Qualifications certificate / Degree)** | **Graduation:** |
| **Post-Graduation:** |
| **Professional:** |
| **Any Other Qualification / Awards/ Recognition:** |
| **Details of Experience** | **Academic Experience:** |
| **Professional Experience:****Any other relevant experience** |
| **Presently Working**  |  |
| **Languages known** |  |
| **Are you an elected member of ICSI** |  |
| **District/State/Region opting for Counselling** |  |
| **Address for Correspondence** |  |
| **E-mail ID** |  |
| **Mobile Nos.** |  |
| **PAN NO. (FOR TDS deductions) Attach the copy of the same** |  |
| **Adhaar Card / Passport / Voter ID / ICSI membership card/ any other document for Identity proof or as approved by the ICSI HQ( Attach a Copy of the same)**  |  |
| **References (Two) with contact details** |
| **1.** | **2.** |
| **Any other information that you wish to provide** |  |

**I declare that the information furnished above are true and correct to the best of my knowledge & belief. I understand that if at any stage, it is found that any information given is false / incorrect; my appointment is liable to be cancelled/ terminated. I have read the Guidelines for Appointment of ICSI Counsellors and hereby undertake to abide by them.**

**Place:**

**Date: Signature**

**PS: Enclose 2 recent passport size photographs, CV**