

**“THE HANDICRAFTS & HANDLOOMS EXPORTS CORPORATION OF INDIA LIMITED”**

**Jawahar Vyapar Bhawan, 1, Tolstoy Marg, New Delhi- 110001**

**Application for engagement of ………………………………………………**

 Photograph

|  |  |  |
| --- | --- | --- |
| 1 | Name : |  |
| 2 | Father’s / Husband’s name : |  |
| 3 | Sex (Male / Female) : |  |
| 4 | Date of Birth & Age (as on the date of publication of the advertisement) : |  |
| 5 | Category (Gen/SC/ST/OBC/Disabled) : |  |
| 6 | Permanent Address : |  |
| 7 | Present Address for communication : |  |
| 8 | Telephone/ Mobile: |  |
| 9 | E-mail : |  |

10) Educational Qualifications (Starting from Matriculation/Secondary Examination):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No | Degree/Diploma | Name of the Educational Institute | Name of the Board/University | % of Marks Obtained | Class/ Division |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note:-You may attach additional sheet if the space above is insufficient.

11) Work Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name ofOrganization/Type of Organization – Central Government /State/ Central /State PSU | Post(s)held | From | To | Years & Months | Scale of Pay | JobResponsibility |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Note:-You may attach additional sheet to the hard copy for Qualification/ Experience if the space above is insufficient.

12) Details of present/ previous employer, if any:

|  |  |
| --- | --- |
| Name of the Organization |  |
| Address: |  |
| Nature of the Organization |  |
| Name & Address of the HR Head/Personnel Dept. Head: |  |

13) Additional relevant information, if any, in support of your suitability for the said engagement (Attach a separate sheet if necessary)

I hereby declare that all the statements in this application are true and complete to the best of my knowledge and belief. I further declare that I was clear from vigilance angle. I have read this document and ready to accept the terms and conditions for engagement of consultants. I also understand that action against me will be taken by the concerned authorities, if I am declared by them to be guilty

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| --- | --- | --- |
|  |  |  |

Place: (Signature of candidate)

Date: