

SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS]

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

PERSONAL PARTICULAR FORM

Passport Size Photograph

1.	Adver	tisement No		: SETS/Chn/Rec/Proj/2021-22/04			
2.	Post a	pplied for		•			_
3.	Name	in full (in block letters)		<u>:</u>			
4.	Father	's/ Spouse's name		:			
5.	i) Dat	e of Birth		:			
	ii) Ag	e as on closing date		:			
6.	Natio	onality		: <u> </u>			
7.	Relig	ion		:			
8.	Catego	ory (SC/ST/OBC/PH/Gener	ral)	:			
9.	Addre	ss for correspondence (in b	lock letters)	:			
		t Telephone No. / Mobile No.		:			
	E-mai	il ID		:			
10.	Perm	anent address		:			
11.	Currer	nt Position with organisation	n details	:			
	(write	NA if not applicable)		-			
12.	Gate S	core		:			
13.	Educa	tional Qualifications (in ch	conological of	order from 10 th	standard onwa	rds):	
	SI. No.	Degree/Certificate	Year of Passing	% of Marks obtained or CGPA	University / Institute	Subject specialization	Remarks (if any)



14. Employment Details (in chronological order starting with the first job):

3 T	Period		Name of	Position	Salary drawn	Jobs / Duties
No.	From	То	Organization	held	with scale of pay and grade pay	handled
Details	s of researc	h work /	experience/ Skill sets:			
	ing papers	-	•			
(Separ	rate sheet ca	an be add	ed as Annexure)			
Specia	lization wi	th referen	ice to :			
experi	ence desire	d for the	post			
. Honor	s / Awards	received	if any :			
			if any : u wish to furnish:			
Any or	ther inform	ation you				
. Any or		ation you				
. Any or	ence (Two)	ation you				
Refere	ence (Two)	ation you				
Refere	ence (Two) e	ation you				
. Refere	ence (Two) e	ation you				
. Refere	ence (Two) e	ation you				
. Refere Name Design	ence (Two) e	ation you				



20. 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:	
List of Documents attached:	
1	
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7.	