

SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS]

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

Passport Size Photograph

PERSONAL PARTICULAR FORM

1. <i>A</i>	Adver	tisement No		: SETS/Chn/R	: SETS/Chn/Rec/Proj/2023-24/23 Date : 29 th February 2024			
2. F	Post a	pplied for		:				
3. N	Name	in full (in block letters)		:				
4. F	ather	's/ Spouse's name		:				
5. i	i) Date of Birthii) Age as on closing date			:				
i				:				
6.	Natio	onality		:				
7.	Relig	ion		:				
8. (Catego	ory(SC/ST/OBC/PH/Gener	al)	:				
9.	Addr	ess for correspondence (in	block letters	s) :				
(Conta	ct Telephone No. /Mobile N	No.	:				
I	E-mai	l ID		:				
10.	Perm	anent address		:				
11 /	~		1 . 11					
		nt Position with organizatio	n details	: <u> </u>				
Ì	`	NA if not applicable)						
12. C	Gate S	score		:				
13. E	Educa	tional Qualification (in chro	onological o	order from 10 th s	tandard onwar	ds):		
	SI. No.	Degree/Certificate	Year of Passing	% of Marks obtained or CGPA	University / Institute	Subject specialization	Remarks (if any)	
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-								



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

I TAT	Peri	od	Name of	Position	Salary drawn	Jobs / Duties
No.	From	То	Organization	held	with scale of pay and grade pay	handled
D . "		1 1 /	' /G1'11 / / D		D D 11' 1 1	
			experience/Skillsets/ P			
(Sepa	rate sheet (can be add	ed as Annexure)			
<i>a</i> .						
_	alization w					
exper	ience desir	ed for the	post			
Hono	rs / Award	s received	if any :			
Any	other infor	nation vol	ı wish to furnish:			
7 miy c		nation you	wish to fullish.			
Refer	ence (Two)				
Refer	ence (Two)	1		2	
Refer)	1		2	
Nam)	1		2	
Nam	ne gnation)	1		2	
Nam Desi	ne gnation		1		2	
Nam Desi	ne gnation		1		2	
Nam Desi	ne gnation		1		2	
Nam Desi Add	ne gnation		1		2	



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:	
	ocuments attached:
	2.
	3.
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