

SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS]

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

Passport Size Photograph

PERSONAL PARTICULAR FORM

1.	Adver	tisement No		: SETS/Chn/R	: SETS/Chn/Rec/Proj/2023-24/22 Date : 03.01.2024			
2.	Post a	pplied for		:				
3.	Name	in full (in block letters)		:				
4.	Father	's/ Spouse's name		:				
5.	i) Dat	e of Birth		:				
	ii) Ag	e as on closing date		:				
6.	Natio	onality		:				
7.	Relig	gion		:				
8.	Catego	ory (SC/ST/OBC/PH/Gener	al)	:				
9.	Addr	ress for correspondence (in l	olock letters):				
	Conta	ct Telephone No. / Mobile l	No.	:				
	E-mai	•						
10.		anent address						
10.	1 0111	and a description		·				
11.	Curren	nt Position with organisation	n details	<u>:</u>				
	(write	NA if not applicable)						
12.	Gate S	Score		:				
13.	Educa	tional Qualification (in chro	onological o	rder from 10 th s	tandard onward	ls):		
	SI.	Degree/Certificate	Year of	% of Marks	University /	Subject	Remarks	
	No.	_	Passing	obtained or CGPA	Institute	specialization	(if any)	



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

SI.	Perio			Position	Salary drawn	Jobs / Duties
No.	From	То	Organization	held	with scale of pay and grade pay	handled
					January Service Frag	
. D . "	C	1 1	/ / / / / / / / / / / / / / / / / / / /	, , , , , , , , , , , , , , , , , , , 	/D D.1.1.1.1	
			experience/ Skill sets/ I			
(Sepai	rate sneet c	an be ad	ded as Annexure)			
6 Specie	alization wi	th refere	nce to			
_	ience desire					
criperi		d for the				
7. Honoi	rs / Awards	received	l if any :			
8. Any o	ther inform	ation yo	u wish to furnish:			
0 Refere	ence (Two)					
). Refere	chee (1 wo)		1		2	
Nam	ne					
	gnation					_
Addı						
Mob	ile No.					
Ema	il ID					
						_



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.	
4	
5	
6	
7.	