Annexure 5

(Resume Format)

# (For Project Coordinator/ Technical Area Experts)

1. Mr./Ms./Dr.

Affix latest passport size photograph of the applicant

(First name) (Middle name) (Last name)

1. Date of birth
2. PAN
3. Role in the organization (please tick):

In-house expert (IH) Empanelled expert (Emp.)

Project Coordinator Technical Area Expert (TAE)

ii. Area(s) Applied

1. Contact details

 Pin Code

1. Tel. No.
2. Fax No.
3. Email address
4. Office address

 Pin Code

1. Academic Qualification (Graduation and above):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period (Year) | Name of the University | Degree | Subjects | Grade /% Marks |
|  |  |  |  |  |

1. Registered/recognized training courses attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Title of the course | Conducted/organized by (name and address) | Dates | Result |
| From | To |
|  |  |  |  |  |  |

1. Membership of Professional Bodies: -

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | Professional body (name and address) | Membership | Period of validity |
|  |  |  |  |

1. Experience (write in chronological order with most recent experience listed first):

*A. General (in brief):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period (From – to) | Organization with address | Designation | Type of Experience (A/B/C/D) | Specific details of experience for type A/B/C/D (not more than 25 words for each)as applicable |
| Industrial Exp. A GR/ Mining Plan Assignments BTeaching / Ph**.**D**.** COther D |
|  |  |  |  |  |
|  |  |
|  |  |
|  |  |

# Declaration by the applicant

I hereby declare that the above information relating to my education and experience is correct. I do understand that any incorrect information will result in disqualification of my candidature and accreditation of the organization with NABET.

Signature Date (DD/MM/YYYY)

# Declaration by the employer

The above information in relation to Dr./Mr./Ms. has been verified and found to be

correct. I understand that in case the information is found to be incorrect it may result in disqualification of the organisation under the Scheme.

Signature:

Name (authorized signatory): Designation:

Date: