# SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS] 

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

## PERSONAL PARTICULAR FORM

1. Advertisement No
: SETS/Chn/Rec/Proj/2024-25/27 Date: 31 ${ }^{\text {st }}$ May 2024
2. Name of the Post and Post code $\qquad$
3. Name in full (in block letters)
4. Father's/Spouse's name
5. i) Date of Birth
ii) Age as on closing date
6. Nationality
7. Religion
8. Category(SC/ST/OBC/PH/General)
9. Address for correspondence (in block letters) $\qquad$
$\qquad$
$\qquad$
Contact: Telephone No. /Mobile No.
E-mail ID
10. Permanent address
11. Current Position with organization details (write NA if not applicable)
$\qquad$
$\qquad$
12. Gate Score $\qquad$
13. Educational Qualification (in chronological order from $10^{\text {th }}$ standard onwards):

| SI. <br> No. | Degree/Certificate | Year of <br> Passing | \% of Marks <br> obtained or <br> CGPA | University / <br> Institute | Subject <br> specialization | Remarks <br> (if any) |
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14. Employment (in chronological order starting with the first job):

| SI. <br> No. | Period |  | Name of <br> Organization | Position <br> held | Salary drawn <br> with scale of pay <br> and grade pay | Jobs / Duties <br> handled |
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15. Details of research work / experience/Skillsets/ Projects Works/Papers Published: $\qquad$
(Separate sheet can be added as Annexure) $\qquad$
16. Specialization with reference to $\qquad$ experience desired for the post $\qquad$
17. Honors / Awards received if any $\qquad$
18. Any other information you wish to furnish: $\qquad$
$\qquad$
$\qquad$
19. Reference (Two)

|  | 1 |  |
| :--- | :--- | :--- |
| Name |  | 2 |
| Designation |  |  |
| Address |  |  |
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| Email 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. $\qquad$
2. $\qquad$
3. $\qquad$
4. $\qquad$
5. $\qquad$
6. $\qquad$
7. $\qquad$
