



**SOCIETY FOR ELECTRONIC TRANSACTIONS AND
SECURITY [SETS]**

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

**Passport
Size
Photograph**

PERSONAL PARTICULAR FORM

1. Advertisement No : SETS/Chn/Rec./2022-23/11
2. Post applied for : Chief Administrative and Accounts Officer
3. Name in full (in block letters) : _____
4. Gender & Marital status : _____
5. Father's/ Spouse's name : _____
6. i) Date of Birth : _____
- ii) Age as on closing date : _____
7. Nationality : _____
8. Religion : _____
9. Category (SC/ST/OBC/PH/General) : _____
10. Address for correspondence (in block letters) : _____

Contact Telephone No. / Mobile No. _____

E-mail ID : _____

11. Permanent address : _____

12. Current Position and pay level : _____
with organization details _____
(write NA if not applicable) _____

13. Educational Qualification (in chronological order from Latest):

SI. No.	Degree/Certificate	Year of Passing	% of Marks obtained or CGPA	University / Institute	Subject specialization	Remarks (if any)

(Separate sheet can be added as Annexure if space provided above is found insufficient)



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

SI. No.	Period		Name of Organization	Position held	Salary drawn with scale of pay and grade payas per 6 CPC or Pay matrix as per 7 CPC	Jobs / Duties handled in brief
	From	To				

(Separate sheet can be added as Annexure if space provided above is found insufficient)

15. Details of research work / experience/

Paper publications/ Skill sets if any : _____

16. Specialization with reference to the experience desired for the post:

17. Honors / Awards received if any : _____

18. Any other information you wish to furnish: _____



19. Reference (Two)

	1	2
Name		
Designation		
Address		
Mobile No.		
Email ID		

20. Declaration:

I certify that the information furnished above are true and complete to the best of my knowledge and belief and nothing have been concealed / distorted. If at a later date any of the information furnished is found or known to be false or any information to have concealed/distorted, my appointment shall be liable to be summarily terminated without notice.

(Name and Signature of the Applicant)

Date :

Place:

List of Documents attached:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____