

SOCIETY FOR ELECTRONIC TRANSACTIONS AND SECURITY [SETS]

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

**Passport
Size
Photograph**

PERSONAL PARTICULAR FORM

1. Advertisement No : **SETS/Chn/Rec/JRF/2024-25/26 Date: 22nd May 2024**
2. Post applied for : _____
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) : _____

- Contact: Telephone No. /Mobile No. : _____
- E-mail ID : _____
10. Permanent address : _____

11. Current Position with organization details : _____
 (write NA if not applicable) _____
12. Cleared GATE Score/ CSIR-UGC NET : Yes/No

Qualified Exam	Subject	Year of Passing	Score
GATE			
CSIR-UGC NET			
National Level Examinations (DST,DBT,DAE,DOS,DRDO, MoE, ICAR, ICMR, IIT, IISc, IISER, NISER etc.)			

13. Educational Qualification (in chronological order from 10th standard onwards):

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



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 pay	Jobs / Duties handled
	From	To				

15. Details of research work / experience/Skillsets/ Projects Works/Papers Published: _____
 (Separate sheet can be added as Annexure) _____

16. Specialization with reference to _____ : _____
 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 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. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____