



**FORM TO BE FILLED IN BY THE APPLICANT FOR ENGAGEMENT AS
INTERNAL AUDITOR CUM ADVISOR**
(Purely temporary, on contract basis for a period of 1 year)

1.	NAME (in Capital letters)	:				
2.	Date of Birth & Age as on 10.07.2024	:				
3.	Present Address :	:				
4.	Telephone No.:	:				
	Mobile No.:	:				
	Email id:	:				
5.	Date of retirement and the post held at the time of retirement / organization from which retired	:				
6.	Last Pay Drawn (Please enclose proof)	:				
7.	Total emoluments: (Amount of Pension p.m., if any)	:				
8.	Education Qualification: In chronological order from X standard (SSLC/HSC) onwards.					
* Exam passed	Year of Passing	Period of Study		Class / %	University/ Board	Subject of specialization
		From	To			

9. Work experience – (Please attach hard copy for proof of experience chronologically starting with latest job)						
Designation	Organization	Duration Date		No. of Years	Nature of duties * (Attach separate sheets if necessary)	
		From	To			
TOTAL NO. OF YEARS EXPERIENCE						

10.	Knowledge of Computer Skills:						
11	Reference: (of two persons holding a responsible position and FULLY acquainted with the applicant & not related to them.)						
(I)	Name:			(II)	Name:		

TESTIMONIALS: (i) Details of copies of testimonials enclosed. (Please send hard copy only.)
Original Testimonials to be produced only at the time of Interview.

I hereby declare that the above information is correct and complete to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect/incomplete or ineligibility being detected at any time before or after selection/ interview, my candidature is liable to be rejected and I shall be bound by the decision of the Institute.

Place:

Date:

Signature of the Applicant