



Affix your recent
passport
photograph

**EXPRESSION OF INTEREST(EOI) FOR SERVICES OF TRAINING
CONSULTANT FOR A PERIOD OF 1 YEAR**

INSTRUCTIONS:

- All fields should be filled in CAPITAL LETTERS
- Incomplete applications / applications without enclosures will be rejected.
- Tick mark where appropriate

Sl.	Particulars	Details
1.	Name of the applicant (in CAPITAL LETTERS)	
2.	Date of Birth (DOB) Please enclose proof	
3.	Father/Mother/Spouse Name	
4.	Permanent Address	
5.	Postal Address	
6.	Phone No. / Mobile	

7.	E-mail ID	
8.	Gender: Male/Female/Others	
9.	Marital Status	
10.	Category Gen/OBC/SC/ST/H-K Region/Others (specify)	
11.	Educational Qualification	
12.	Work Experience: Minimum post qualification experience of 10 years including Government department or public sector undertaking or Private organizations	
13.	Proficiency in training, course design, course development and learning management in areas of Information Technology	

14.	Proficiency in Languages (read, write, speak) and communication skills, both written and verbal, with the ability to interact with high-level officials and stakeholders	
15.	Reference Name Address Landline/Mobile No e-Mail ID 2	1. _____ _____ 2. _____ _____

Undertaking

I affirm that the information given above is true and correct. I further declare that if any at stage it is discovered that an attempt has been made by me to willfully conceal or mis-represent facts, my candidature may be summarily rejected or my employment terminated.

Place:

Date:

Signature of Applicant

ANNEXURE - B

DECLARATION

I/We hereby declare that I/We have read all the EOI conditions and eligibility criteria required for participating and have fully understood the implications thereof and have submitted the documents to the best of my /our satisfaction to the Trust before participating.

We hereby confirm that we meet the Eligibility Criteria as detailed at Annexure-A by the Trust in the EOI. I/We also declare that I/We shall maintain the official decorum and discipline.

Name & Full Postal address

Signature:

Phone No:

1. Land Line No:

2. Mobile No:

Contact Person:

Telex/Fax No:

Email-ID:

Name and Address of the Applicant: