|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KSCSTE -NATPAC | **KSCSTE-NATIONAL TRANSPORTATION PLANNING AND RESEARCH CENTRE**  K. Karunakaran Transpark, Akkulam, Thuruvikkal P.O.,  Thiruvananthapuram –695011, Kerala | | | | | | | | | C:\Users\admin\Desktop\images (1).jpg |
| **APPLICATION FOR THE POST OF CONSULTANTS** | | | | | | | | | | |
| Name of the Post | **PROJECT CONSULTANT** | | | | | | | | Paste your recent passport size colour photograph | |
| Discipline |  | | | | | | | |
| Name of the candidate |  | | | | | | | |
| Date of Birth  (dd/mm/yyyy) |  | | | | Mobile No | |  | | | |
| Gender and Marital status | Male/ Female | | Married/ Unmarried | | State/UT | |  | | | |
| Nationality |  | | | | | | | | | |
| E - mail ID |  | | | | | | | | | |
| **Address for Communication** | | | | **Permanent Address** | | | | | | |
|  | | | |  | | | | | | |
| **EDUCATIONAL QUALIFICATION**  **(**Enclose photocopies of the qualifying certificates and mark sheets/grade cards) | | | | | | | | | | |
| **Graduation** | | | | | | Year of Passing | |  | | |
| Name of the Degree | |  | | | | | | | | |
| Branch / Specialization | |  | | | | | | | | |
| Institute Name | |  | | | | | | | | |
| University Affiliating | |  | | | | | | | | |
| % of Marks / CGPA | |  | | | | Class / Division | |  | | |
|  | | | | | | | | | | |
| **Post-Graduation** | | | | | | Year of Passing | |  | | |
| Name of the Degree | |  | | | | | | | | |
| Branch / Specialization | |  | | | | | | | | |
| Institute Name | |  | | | | | | | | |
| University Affiliating | |  | | | | | | | | |
| % of Marks / CGPA | |  | | | | Class / Division | |  | | |
|  | | | | | | | | | | |
| **Ph.D.** | | | | | | Date of Award | |  | | |
| Title of the Ph.D. | |  | | | | | | | | |
| Institute / University | |  | | | | | | | | |

**PROFESSIONAL EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of the Organisation** | **Designation** | **Period of Employment** | | **Pay Scale, Basic Pay, Total Emoluments** |
| **From** | **To** |
|  |  |  |  |  |
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| **FINANCIAL QUOTE** | | |
|  | **Particulars** | **Rate (Rs.)/ Day** |
| **Per Diem** | **Attending Meetings** |  |
| **Man Days** |  |

(In addition, Transportation Allowance of Rs. 500/- per day will be paid for attending meetings/ office)

|  |  |
| --- | --- |
| **Other Information** | |
| Permanent Account Number (PAN) |  |

**DECLARATION**

I declare that the information provided by me in this application are true to the best of my knowledge and belief. I am aware that, if any information furnished in this application is found to be untrue/concealed/distorted, I am liable to forfeit the appointment allotted to me any time in future and legal action be taken against me.

Date **(SIGNATURE OF THE APPLICANT)**

Place