

		PERS	SONA	L PROFII	LE			
First Name:								
Middle Name (if any): Last Name:						···· Aff	fix photo	
Email ID:								
Phone No. :								
Date of Birth:								
Current Address Permanent A					nt Address	ddress		
PIN.				PIN.				
Educational C	ualificat	ion:						
Qualification	Branch/ Subject	naccina	Col	lege/School	l Unive	rsity/Board	% of marks/ CGPA	
Ph. D								
Master								
Graduation								
Pre-Degree								
Matriculation								
Skill Set: Skill	ls (Like (Oracle, Java, et	c.)					
Skills		Duration of experience in the		Candidate's assessment of		_	Working	
		skill (in months)		Expert	Good	Knowledge	Trained	



Work Experience (if any):

Organisation	Start Date	End date	Designation	Reason For Leaving

Training/Workshops/Seminars Attended

Name of Program	Start Date	End date	Conducted by	Organized by

Any other special achievements you would like to highlight:

Have you attended the IBS selection procedure before?	Yes	No
f yes, when when and for which post		

DECLARATION

I hereby declare that the information provided above is true to the best of my knowledge. I also understand that in case of any discrepancy in the information provided, my candidature with IBS will stand cancelled automatically, at any point in time.

Signature:



Candidate Declaration

I,
Relieving / Experience certificate (s) from previous organizations as mentioned in the CV/Personal profile
Proof of Educational qualification(s) as mentioned in the CV/Personal profile and relevant certificates
Signature
Data