



DELHI SKILL AND ENTREPRENEURSHIP UNIVERSITY

Government of NCT Delhi

APPLICATION FORM FOR THE POST OF

ERP Team(Training & Rollout Support Staff)



Applicant's Information :	
Applicant Name (As in HSC Certificate)	SURAJ
Gender	Male
Nationality	Indian
Category	General
Date of Birth (In Figure)	25-09-1999
Adhar No	290055315602
Country	India
Mobile No	8700132911
Email Id	surajkumar2066@gamil.com
Father's/Guardian's Name	VIJAY KUMAR
Mother's Name	RITA DEVI
Candidate of Persons with Benchmark Disability with disability of 40 % or above	NO

Residential Address :	
Address Line 1	uttam nager mohan garden
Address Line 2	near nawada
State	Delhi
District	West Delhi
PIN	110059
Alternate Phone Number	9650843990
Permanent Address :	
Address Line 1	uttam nager mohan garden
Address Line 2	near nawada
State	Delhi
District	West Delhi
PIN	110059

Academic qualification						
Qualification level	Name of Program (HSC/I.Sc.BA/B.Sc., etc	Subject/Stream / Branch	Name of the Board/ University	Year of Passing	Name of School/College	Percentage/Grade Point
10TH			SOL	2017	SOL	60
12TH		Humanities	CBSE	2019	HAVELOCK SQUARE	75
Diploma		software engineering	CQS	2022	CQS	92

Work Details

Experience in Chronological Order (from Current to Previous):

Filed/ Type of Exp	Designation	Institute Type	Name of Institute/ Organization	Gross Annual Salary	Place of Post and Practice	From date	To Date	Experience	Employment Type/ Nature of Employment
other	DEO	Private	Genestring lab	20000	IGI Ariport	2019-12-03	2022-02-13	2years 2months 13days	Contract

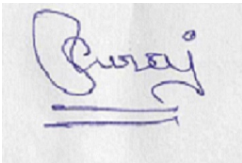
References		
References No.	1	2
Name	NA	NA
Designation	NA	NA
Organisation Address	NA	NA
Email:	surajkumar2066@gamil.com	surajkumar2066@gamil.com
Mobile Number	8700132911	8700132911

Disclosure		
Do you have any criminal case pending against you in a court of law?	No	
Was there any criminal case against you in the past in a court of law?	No	

I have read the guidelines and I do hereby solemnly declare that the information given, the statements made, and the documents uploaded with this application form are correct and true to the best of my knowledge and belief. If any information given by me in this application is found to be false or misleading, my candidature is liable to be cancelled and I may be subjected to legal/ disciplinary proceedings.

I agree to produce all the documents required to verify any of the information furnished by me in the application form. I authorize the University or any third-party agency on behalf of the University to perform requisite checks to verify the information furnished by me.

Date: 24-09-2022



signature