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| 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)

|  |
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| **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