

Apparel Training & Design Centre

Paridhan Vikas Bhawan, P-50, Institutional Area, Sector – 44, Gurgaon– 122003. Haryana.
Ph: 0124 – 4659500, 4659501, Website: www.atdcindia.co.in

Application -cum- Personal Profile Form

PERSONAL PROFILE:

					_			
1. Name : (In Bloo								
2. Designation:	Affix							
3. Father's / Hust								
4. Corresponden	ce Address:					Passport / Stamp size Photograph		
Pin code:								
Phone No (With S	STD Code):							
5. Permanent Add	dress:							
6. Contact No: 7. Emergency Contact No. & N				Contact No. & Name:				
8. E-mail ID:		11						
9. Category (Gen	eral/OBC/SC/ST) :		11 00	dhar Card Na				
10. PAN NO:	1		11. Aa	I1. Aadhar Card No.				
12. Date of Birth	13. Blood Group	14. Se	×	15. Nationality		16. Marital Status		
1 1		Male / Fer	male			Single / Married		
17. Family Details	s (Spouse & Children):							
SI. No.	Name			Date of Birth		Relationship		
а								
b								
С								
d								
е								
18. Languages known:								
Read								
Write								
Speak								

19. Particulars of Qualification									
S.No	Academic / Professional (in chronological order)	Year (Passii		Name of the University / Board	Class / % of marks / CGPA				
а									
b									
С									
е									
f									
g									
h		1							
i									
20. Details of Books, articles & paper published			21. Details of Seminars / workshops/Training attended						
b									
С									
d									
22. Please Mention your KEY professional Competencies			23. Why do you want to join ATDC?						
									
24. Identify three of your most significant strengths & weaknesses. How they are relevant to the responsibilities you have envisaged for the post have applied for?									
Strengths				Weaknesses					

1.

2.

3.

1.

2.

3.

25. Any other relevant information									
26. Pa	rticulars of Working Ex	perience							
	Name of the Employer / Organization (in chronological order)	Designation	Period as on last date of receipt of application						
S No			Pe	riod	Length of Service		Nature of duties /	стс	
S.No			From	То	Years	months	area of specialization etc.	(Rs. PM)	
а									
b									
С									
d									
е									
f									
g									
NB: Please enclose self-attested copies of all your testimonials in support of your qualification and experiences for S.no.19 & 26. Use separate sheets, if required.									
	by declare that the entri est of my knowledge and							and true to	
Place	:								
Date:									
Enclo	sures:						Signature of Ca	ındidate	
1. 2. 3. 4. 5.									