



Skill Development Mission of Government of Kerala

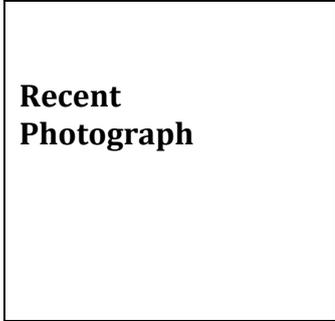
Format of application for engagement as Executive (Skill Development) in KERALA ACADEMY FOR SKILLS EXCELLENCE (KASE)

Name.....

Date of Birth Age

Correspondence Address:

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Contact Number:

Email ID:

Academic Qualifications:

Sl.No	Courses	Course Duration		Institution/ University	Score in %
		From	To		

Other Qualifications (Specify):

- 1.
- 2.

Experience Details:

Sl.No	Name and address of the firm	Tenure		Position held	Salary	Reason for Leaving
		From	To			

References:

Name of the person:	Name of the person:
Name and Address of Organisation	Name and Address of Organisation
Designation	Designation
Email id	Email id
Contact number	Contact number
Relationship to Applicant	Relationship to Applicant

Declaration:

I confirm that the above information is complete and correct. Any untrue or misleading information will give my employer the right to terminate any employment contract offered.

Signature of the Applicant

Date: