

নগ্ৰীঝানহার্ন্বিন্ধুনুন্বন্নীথার্ক্রন্বেইর্যা Tashi InfoComm Limited

Affix your passport photo here

Applicant Information

Position Applied for	•						
Full Name							
Gender	FEMALEMALE						
Date of Birth (dd/mm/yyyy)							
Citizenship ID card	Number						
Contact Number							
Email Address							
	Permanent Address						
Village							
Gewog							
Dzongkhag							
	Present Address						

Education Details

Education	School/college/ Institute	Subject/Course	Year of Completion	Aggregate scored (%)
Lower Secondary School (Cl-VIII)				(average of total score)
BCSE (Cl-X)				(average of English + 4 best subjects)
BHSEC (Cl- XII)				(average of English + 3 best subjects)
Undergraduate				
(Degree/Diploma/Certificate)				(total marks secured in all semesters / total full marks of all semesters)
Post Graduate/Master Degree				(total marks secured in all semesters / total full marks of all semesters)

Address: P.O Box # 1502, Norzin Lam, Thimphu: Bhutan Phone: +975 77889977 website: www.tashicell.com



नगौशनम् र्नेष नमुद्दारा सेवा करा वहीया

Tashi InfoComm Limited

Skills and Expertise)									
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Work Experience(s	<u>)</u>									
Organization		Place		Designation	1	Year (dd/mm/	(vvvv)			
Organization		Trace		Designation	•	rear (dd/mm/yyyy)				
						Start Date	End Date			
						Start Bate	Thu Dute			
				I						
		Profess	ional and	Academic Re	<u>feree</u>					
Name	Relationshi	n	Designati	ion	Office Addre	PSS	Contact #			
2 (6)222		P	2 051giide		32200					

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TICL.

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Tashi InfoComm Limited

DECLARATION

(Please read carefully and sign the statement below)

I hereby confirm that the above facts provided in this application are true to my knowledge and belief.
In case Tashi InfoComm Limit (TICL) finds that the information given by me is illegal, not accurate and incomplete, TICL shall have the right to disqualify my candidature at any time without any notice.
If I am recruited by TICL, I agree to be placed in any Department/Branch office of any location of

Original copies of all information provided in this form shall be placed before the officials of TICL upon demand

Name	and	Signat	ure:	 	 		 			
Doto:										