Annexure – IV

Resume Format

(For EIA coordinator / Functional area expert and Functional area associates)

 1) Mr./Ms./Dr.

Affix latest passport size photograph of the applicant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First name) (Middle name) (Last name)

 2) Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3) PAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4) Role in the organization (please tick):

 In-house expert (IH) Empanelled expert (Emp.)

 EIA coordinator (EC) Functional area expert (FAE)

 Functional area associates (FAA) Mentor

 Team Member (TM) Associate EC (AEC)

 i. Sector(s) Applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ii. Functional Area(s) Applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 iii. Current status of Applied / Approved with other organization(s), if applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.****No**  | **Name of the organization** | **Applied / Approved** | **Sector(s) with Category, AC MoM Date** | **FA(s) with Category, AC MoM Date** |
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 5) Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6) Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7) Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8) Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9) Office address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 10) Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 11) Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12) Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13) Academic Qualification (Graduation and above):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period****(Year)** | **Name of the University**  | **Degree** | **Subjects** | **Grade /****% Marks** |
|  |  |  |  |  |

 14) Registered/recognized training courses attended: (mention only training programmes of 3 days duration and above)-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** **No.** | **Title of the course** | **Conducted/organized by (name and address)** | **Dates**  | **Result** |
| **From** | **To** |
|  |  |  |  |  |  |

15) Membership of Professional Bodies:-

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Professional body (name and address)** | **Membership** | **Period of validity**  |
|  |  |  |  |

16) Experience (write in chronological order with most recent experience listed first):

 A. General (in brief):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period****(From – to)** | **Organization with address** | **Designation**  | **Type of Experience****(A/B/C/D/E/F)** | **Specific details of experience for type A/D/E/F (not more than 25 words for each)****For type B&C fill table 16 B & 16 C, as applicable** |
| **Industrial Exp. A****Env. Assignments B****EC/FAE/TM C****Appraisal/regulator D****Teaching / PhD E****Other F** |
|  |  |  |  |  |
| \*For A/B/C/D/E Refer Scheme, clause A 1.2.1- A 1.2.2 (page 32-33) |  |

 B. ENV Assignments and EIAs - maximum 4 for each sector (fill up sector wise)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** **No.** | **Sector** | **Year** | **Employer**  | **Project,****Capacity,** **Cat., A/B, if applicable****Client** | **EA or EIA**  | **Specific work done**  | **EIA submitted to Client / SEAC/EAC**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 C. FAE- maximum 4 for each FA

| **Sl.** **No.** | **Functional area**  | **Year** | **Employer** | **Whether related to EIA (Y/N)** | **Project,****Capacity,** **Cat., A/B, if applicable****Client** | **Specific work done**  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

 17) Information on Team Member:

 A. As EC

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Sector(s) proposed** **(Max. 2)** | **Name of EC with whom to be attached with Cat.** | **Name of EIA(s) to be attached with** | **Specific nature of work to be assigned**  |
|  |  |  |  |  |
|  |  |  |  |  |

 B. As FAE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **FA(s) proposed** **(Max. 2)** | **Name of FAE with whom to be attached with Cat.** | **Name of EIA(s) to be attached with**  | **Specific nature of work to be assigned**  |
|  |  |  |  |  |
|  |  |  |  |  |

18) Declaration by the applicant

I hereby declare that the above information relating to my education and experience is correct. I do understand that any incorrect information will result in disqualification of my candidature and accreditation of the organization with NABET.

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_

 19) Declaration by the employer

The above information in relation to Dr./Mr./Ms. …………………………… has been verified and found to be correct.

I understand in case the information is found to be incorrect it may result in disqualification of the organisation under the Scheme.

 Signature:

 Name (authorized signatory):

 Designation:

 Date: