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: