

Application For PRO Job

To

Date : DD/MM/YYYY

The Director,

INSTITUTE OF COMPUTER SCIENCES & MANAGEMENT(ICSM®),

Chitaipur, DLW Road, Kandawa Varanasi UP-221106.

Subject: Application for the appointment of _____.

Sir,

I hereby wish to apply for the post of Counsellor and PR Executive of Institute Of Computer Sciences & Management(ICSM®), Chitaipur, DLW Road, Kandawa Varanasi-221106.

I agree to abide by the rules and regulations of the Institute Of Computer Sciences & Management(ICSM®), Chitaipur, DLW Road, Kandawa Varanasi-221106. I hereby undertake to extend full cooperation and support to Institute, and more particularly by providing the facility and services of “Counseling Desk for Student” , “dissemination of information of institute’s activities & academic programmes/courses among the students.

Information provided in the application form is true to the best of our knowledge and belief. I request to consider my application sympathetically and appoint me as a _____ of Institute Of Computer Sciences & Management(ICSM®), Chitaipur, DLW Road, Kandawa Varanasi-221106.

Thanking you and hope for early favorable reply.

encl : Attach Xerox Of All Testimonial Records Properly.

Signature of an applicant

Name: _____

Place : _____

Date : _____

INSTITUTE OF COMPUTER SCIENCES & MANAGEMENT



Head Office- Chitapur, DLW Road Varanasi-221106
Branch Office- Amara-Akhari Bypass NH-2 Varanasi-221106

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Estd: 2004

PROCESSING FORM FOR IGC CODE

Name of the Institute & Address		
Website of the Institute (If any)		
Name of Recognized Organization		
Registered Office-Address	Dist: _____ State: _____ Pin Code: _____	
Type of Registered Organization (Tick most appropriate and enclose self-attested the necessary details and proof)	Trust <input type="checkbox"/> Co-operative Society <input type="checkbox"/> College UG/PG & Above <input type="checkbox"/> Society <input type="checkbox"/> Autonomous Institution <input type="checkbox"/> Govt. Organization <input type="checkbox"/> Company/s25 <input type="checkbox"/> If other specify _____	
Year of Establishment	Registration No.	PAN Number
Head of the Registered Organization (Chairman/President/Managing/Director/Secretary/ Proprietor)	Name	Designation
E-mail ID		Affix latest Passport Size Photograph of Head of the Institution (self-attested)
Mobile No.		
Specimen Signature of the Head of the Registered Organization		
Photo ID Proof :- (Kindly enclose the self-attested copy)		
Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Pan Card <input type="checkbox"/>		

Signature of the Counsellor

BANK ACCOUNT DESCRIPTION FOR ONLINE PAYMENT

Name : INSTITUTE OF COMPUTER SCIENCES & MANAGEMENT
Bank Name : BANK OF BARODA
A/C Number : 3 0 8 6 0 2 0 0 0 0 0 1 3 5
A/C Type : CURRENT A/C
RTGS/NEFT IFSC CODE : BARBOCHITAI
Branch Name : CHITAIPUR VARANASI- 221106

BANK ACCOUNT DESCRIPTION FOR ONLINE PAYMENT

Name : INSTITUTE OF COMPUTER SCIENCES & MANAGEMENT
Bank Name : ALLAHABAD BANK
A/C Number : 2 1 0 4 0 6 1 2 2 9 4
A/C Type : SAVING A/C
RTGS/NEFT IFSC CODE : ALLA0211965
Branch Name : BRIJ ENCLAVE VARANASI- 221004