**Annexure II**

Insert /affix your photograph

**AFFILIATION OF ASSESSORS**

**(JOB ROLE SPECIFIC AFFILIATION)**

1. Name: Mr /Mrs / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Assessment expertise in: (Please tick in the appropriate box)

(Refer Para 3 of Protocol document above)

|  |  |  |
| --- | --- | --- |
| S.no | Job Roles | Sub Sector\* |
|  |  |  |

\*Passive Components/ Active Components or Semiconductors/ PCB Manufacturing/ Consumer Electronics/ IT Hardware/ PCB Assembly or EMS/ Solar Electronics/ Strategic Electronics/ Automotive Electronics/ Industrial Electronics/ Medical & Healthcare Electronics/ Communication & Broadcasting.

1. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)
2. Contact Details:

|  |  |
| --- | --- |
| Home Address: | Office address: |
| Mobile: | E-mail: |
| Telephone: | Fax: |

1. Educational Qualification:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **Institution Address** | **Qualifications** | **Subject** | **Grade** |
|  |  |  |  |  |

1. Courses attended/Assessment Training undergone :

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Title of the Course** | **Conducted/Organized by (Name&Address)** | **Dates** |
| **From** | **To** |
|  |  |  |  |  |

1. Membership / Association with Professional Bodies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **ProfessionalBody(Name&Address)** | **Membership Reference** | **ValidTill** |
|  |  |  |  |

1. Experience relevant to selected job role at the serial 2 (Please write in chronological order with present experience listed first).
2. General

|  |  |  |  |
| --- | --- | --- | --- |
| **Job role****(as selected in serial 2)** | **Relevant Experience Details** | **Organization** | **From-To** |
|  |  |  |  |

1. Details of last three Assessments on selected/ similar Job roles:

|  |  |  |
| --- | --- | --- |
| **Job role****(as selected in serial 2)** | **When assessment carried out** | **For which Organization** |
|  |  |  |