



|                |                      |                      |             |                  |
|----------------|----------------------|----------------------|-------------|------------------|
| 7. Fees Paid*: | <b>Amount in Rs.</b> | <b>Cheque/DD No.</b> | <b>Date</b> | <b>Bank name</b> |
|                |                      |                      |             |                  |

**8. Declaration**

*I hereby certify that the entries made by me in the above applications form are correct to the best of my knowledge and I have not concealed any information in any manner.*

*I understand that if at any stage, it is found that I have provided any wrong information my Registration shall stand cancelled automatically and I shall have no claim whatsoever, on the amount paid to IndSTT.*

*I undertake to follow all the rules and norms laid down by IndSTT time to time.*

**For and on behalf of**

\_\_\_\_\_

**(Authorised Signatory)**

**Date:** \_\_\_\_\_ **Seal of the organization**

**Place:** \_\_\_\_\_

\* Please refer the RQP fee schedule for details  
Particulars are to be filled by the candidate in their own handwriting.

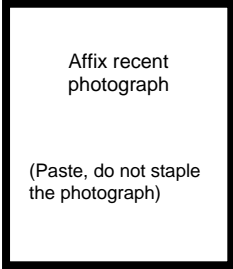
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**Nominee Details**

Nominee No. \_\_\_\_\_

1. Name: (IN BLOCK CAPITAL)
2. Father's Name: (IN BLOCK CAPITAL)
3. Mother's Name: (IN BLOCK CAPITAL)
4. Date of Birth (DD-MM-YYYY):
5. Sex: Male  Female
6. Educational/Training Record:



| Sl. No | Degree/Certificate | School/Board/Institution /University | Year | % of marks /Grades | Specialization |
|--------|--------------------|--------------------------------------|------|--------------------|----------------|
|        |                    |                                      |      |                    |                |
|        |                    |                                      |      |                    |                |
|        |                    |                                      |      |                    |                |
|        |                    |                                      |      |                    |                |

7. Experience:

| Sl. No | Designation | Name of Employer | Address |       | Dates of Employment |    |
|--------|-------------|------------------|---------|-------|---------------------|----|
|        |             |                  | City    | State | From                | To |
|        |             |                  |         |       |                     |    |
|        |             |                  |         |       |                     |    |
|        |             |                  |         |       |                     |    |
|        |             |                  |         |       |                     |    |

(Signature of the Nominee)