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FORM-1 (TESS)

Affix your
color photo

APPLICATION FORM FOR ASSESSOR

Sector/s Name (for which you are eligible, see the sectors by clicking at [Assessment Sectors])

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Details if you are already a qualified assessor

SL NO	Name of Assessing body, under which you worked	Name of the modules

1. Name of the Assessor _____
2. Father's & Mother Name. _____
3. Age / Date of Birth. _____
4. Address for Correspondence _____

5. Email id. _____ Phone No. _____
6. Category (Gen/SC/ST/OBC/PH/ESM/Women) : _____

7. Qualification (Academic and Professional)

Exam. Passed	Year of passing	Name of University/ Board	Marks obtained	Max. Marks	%age to 2 decimals

8. Experience

Name of the Industry/Institute	Designation	From – to	Experience (in month)

I solemnly declare and affirm that the above particulars and statement is correct and true to the best of my knowledge & belief. I understand that my candidature for Evaluation can be cancelled if any information submitted by me found incorrect or false at any stage during training.

Place

Date

Signature of Assessor