

# The Government Of The Republic Of The Union Of My

# National Skills Standards Authority

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	MA	ITEM	See W	g terpro

Quality	y Management System – Quality Procedure Manual
Document	NSSA-QF – 044 – CV For Inspector

1.	Name:	(First Name	;)	(Middle	e Name)	(Last	t name)	v
	Mr/Mrs/Ms							Affix Passport Size
2.	Sectors, Trade(s) and occupational skill	sector	trad	е	Occupat	tional	skill	Photograph
3.	Date of Birth:	-		sent Iress:				
4.	Telephone/ Mobile No.:		E-M	ail:				
5.	Office / Company/ Organization Address:				Office phone/ Fax;			~

## 6. General Educations (Secondary):

Period (from to)	Class/Qualification	Educational Institution/school	Address
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## 7. Technical/ Education (Graduation & above):

Period	Institution & Address	Qualifications/degree	Subject
		3	
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8.	Training Course attended:		
	Title of the	Conduct/Organized by (Name 9	-

SI. No.	Title of the Course	Conduct/ Organized by (Name & Address of organiser)	Dates		
-			From	То	
	·				
	,	*			

9. Membership of the other assessing bodies/or professional body

SI. No.	Professional Body (Name & Address)	Membership	Valid Till

- 10. Experience related to skill assessment or training
- a. Related to Skill Training

Period	Organization with Address	Department	Designation	Brief activity
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#### b. Related to Skill Assessment

Period	Organization with Address	Department	Designation	Brief activity
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#### 11. Declaration by the Applicant:

I attest that the above information relating to my education and experiences correct.

I give my consent to work for Skills Assessment Center Inspector of NSSA.

Date:

Place:

Signature

Check list for submission

- All the photocopies must be on A4 size paper.
- Kindly fill the form in capital letter ONLY.
- Use black/ blue pen ONLY.
- Do not over-write.
- Use a separate form if needed.

Revision No	Effective Date	Description of Changes	Prepared By	Approved By
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