



Quess Corp Ltd
(Applications only through the link mentioned in the advertisement)

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Application for the post of Assistant Engineer (Audio Visual)

Last date to apply: September 17, 2026

PERSONAL INFORMATION:

Name: _____

FIRST

MIDDLE

LAST

Father's Name: _____

Date of Birth: (DD / MM / YY) _____

Completed Years as on September 17, 2026 _____

Marital Status: Single / Married / Any other

Category: Unreserved ☐ NCOBC ☐ SC ☐ ST ☐ EWS ☐

Whether belongs to PWD Category: Yes/No

Gender: Male ☐ Female ☐ Transgender ☐

Address for Communication: _____

Telephone -Office: _____

Residence: _____

Mobile No. _____

Email: _____

EDUCATIONAL / PROFESSIONAL QUALIFICATION: (Start with recent education)

Sl. No.	Name of Degree/ Certificate/Diploma	School/College/Board/ University	Year of Passing	Marks Obtained/ Total Marks	Division & Percentage
1					
2					
3					
4					
5					
6					
7					

EMPLOYMENT DETAILS: (Start with recent employment)

Sl. No.	Company Name & Location	Designation	Nature of Job Contractual/ Permanent	Responsibi- lities	Total Monthly Emoluments	From (DD/MM/ YY)	To (DD/MM/ YY)	No. of Years
1								
2								
3								

Sl. No.	Company Name & Location	Designation	Nature of Job Contractual/ Permanent	Responsibilities	Total Monthly Emoluments	From (DD/MM/YY)	To (DD/MM/YY)	No. of Years
4								
5								
6								
7								

1. Scanned copies of Qualification Certificates

(One PDF file for all qualifications certificates as Annexure-1)

Submitted ☐

2. Scanned copies of Experience Certificate

(One PDF file for all Scanned copies of Experience certificates as Annexure-2)

Submitted ☐

3. Scanned copies of Category and PwD certificate if applicable

(One PDF file for Category and PwD certificates as Annexure-3)

Submitted ☐ Not Applicable ☐

DECLARATION:

I certify that the particulars furnished above by me are true and complete to the best of my knowledge and belief. I understand that if any particulars found to be false at a later date my candidature shall be liable to be cancelled without assigning any reason.

Date: _____

Signature: _____

Name: _____