



Cadis Overseas Private Limited

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ASSESSMENT FORM

Personal Details: Give your personal details for us to contact you.

Name	
Date Of Birth	
Mobile No	
Contact No	
Email	
Marital Status (Married / Divorced / Never Married)	
Current Address	
Permanent Address	

Secondary Education Details:

Duration From /Till Y / Y	College / University	Class / Course	Subject List	Aggregate % age	Full Time/ Part Time/ Distance
		SSC			
		HSC			

Diploma, Graduation / Post Graduation Education Details:

Duration From /Till Y / Y	College / University	Class / Course	Subject List	Aggregate % age	Full Time/ Part Time/ Distance

Series of Other Test Taken: Give your Scores and the date when you gave the Test.

Test	Score	Date	Test	Score	Date	Test	Score	Date
IELTS			GMAT			SAT I		
TOEFL			GRE			SAT II		

Course, University, Country of Choice: Which course would you opt for, in which University & Country? Mention the Course, Level of Education i.e. Diploma, Bachelors, name of the University, Country of Choice.

Course	Diploma/ Bachelors/ Masters	University /College Name	Country

Do you have a Passport? Please mention Yes/ No? _____

Place of Issue	Date of Issue	Date of Expiry	Nationality

Work Experience Details: Provide details of your work experience mentioning the present / past work and designation. If you were working in the same organization with under a different designation mention that with the duration of each designation. Also mention if it was full time or part time.

From		Till		Firm, Organization, Company	Designation	Full Time/ Part Time
M	Y	M	Y			

Brief Details of Job Responsibility: Give details of each job designation and key role and responsibilities from the time you started working. (Please attach separate sheet if required).

Designation	Responsibilities

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How did you learn about Sidak Solutions: Please tick (√) the appropriate column?

Website	News Papers	Hand Bills	Word of Mouth
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Have you applied to any University directly or through some Consultant? Please mention Yes / No next to the question. _____.

Give details. Please name the University & / or the Consultant as applicable.

Declaration by the Applicant: I declare that all the information given above is complete, correct and Verifiable.

Applicants Signature		Date		Place	
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