



## PERSONAL HISTORY STATEMENT (PHS)



| 1. Family Name: KAWOOSA Oth                                                                                                                                                                                                                                                                           | ner names: BILAL AHMAD                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Birth date (dd/mm/yy): 27 -                                                                                                                                                                                                                                                                        | - 11- 1968                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                       | 4. Present Nationality: INDIAN                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. Gender: Male Female 6. Single Marrie                                                                                                                                                                                                                                                               | ed Divorced Separated Widowed                                                                                                                                                                                                                                                                                                                                                                                                              |
| IST FLOOR. HOUSING BOARD  BUILDING NEAR BOYS HR. Ser.  SCACOOL BILAL COLONY SOURA  SRINAGAR-190011 (3 ANDK)  Telephone(s): (country & city code) +91,9419155629, +919858458177;  Fax: 0194-2400118  Email: Kansille @ gmail. Com  9. Your Profession:  DEVELOPMENT OF  SERICULTURE AND SILK  INDUSTRY | 8. Permanent mailing address:  BY FLOOR HOUSING RUMPD  BUILDING NEAR BOX HR SEE.  BHOOL BICAL COLONY SOURD  CRINAGAR—1900 11 (January)  Telephone(s): (country & city code)  +919419155629, +919858458179  Fax: 0194—2400118  Email: Lashfille Dynay. Com  10. What is the maximum period of assignment that can be taken up by you? (month/year)  NEED BASED  11. When are you available for an assignment? (month/year)  ANY TIME AS PER |





| 12. Are you presently employ                                                                                                                                                                                            | yed?          | Yes 🗌 I                    | NO I SELF E             | EMPOLYED          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------------------|-------------------|--|
| How many weeks do you nee                                                                                                                                                                                               | ed to report  | to the duty station from t | ne time your appointm   | ent is confirmed? |  |
|                                                                                                                                                                                                                         | ONE           | WEEK                       |                         |                   |  |
|                                                                                                                                                                                                                         |               |                            |                         |                   |  |
| 13. What is your mother tong                                                                                                                                                                                            |               | KASHMIRI                   |                         |                   |  |
| 14. Other languages: (enter                                                                                                                                                                                             | 4 for fluent, | 3 for good, 2 for fair and | 1 for basic)            |                   |  |
| Other languages                                                                                                                                                                                                         | Read          | Write                      | Speak                   | Understand        |  |
| a) ENGLISH                                                                                                                                                                                                              | 4             | 4                          | 4                       | 4                 |  |
| b) AIN Di                                                                                                                                                                                                               | 1             | /                          | 4                       | 4                 |  |
| c) URDUE                                                                                                                                                                                                                | 4             | 3                          | 4                       | 4                 |  |
| d)                                                                                                                                                                                                                      |               |                            |                         |                   |  |
| Note: If selected for a VEP a                                                                                                                                                                                           | ssignment,    | your language ability will | be tested during the ir | nterview.         |  |
| 15. University or equivalent, technical education, vocational or other types of training (of more than six months' duration only): From/to (month/year) Institution (city/ country) Main field of Study Degree/ diploma |               |                            |                         |                   |  |
| obtained                                                                                                                                                                                                                |               |                            | 2                       |                   |  |
| a) B. Sc.                                                                                                                                                                                                               | THR           | LE YEAR                    | GENERAL C               | OURSE)            |  |
| b) FRUM                                                                                                                                                                                                                 | UNIV          | ERSITY O                   | E KASHA                 | NR.               |  |
| c) AFID                                                                                                                                                                                                                 | in            | OCT92/A/                   | DR -93                  |                   |  |
| d) CCCO                                                                                                                                                                                                                 | Ti Ele        | ATE ENC                    | 1 mc En )               |                   |  |
| 16. Detail your work experie                                                                                                                                                                                            |               |                            |                         | esent or most     |  |
| recent one (a) Employer / Organization                                                                                                                                                                                  | basisa        | no Gul                     | Vour functional title   | · Mund 1          |  |
| Work Location: <b>70</b> m                                                                                                                                                                                              | mu an         | o beastmix                 | Tour functional title   | : OWNER           |  |
|                                                                                                                                                                                                                         | NOSA          |                            | -                       | 15.               |  |
| Description of major acti                                                                                                                                                                                               | -             |                            | Period of work:         | 15 YRORS          |  |
| PRA cocoor                                                                                                                                                                                                              | V, Pos        | T COCOON                   | Reason for leaving      | : NA              |  |
|                                                                                                                                                                                                                         |               |                            |                         | •                 |  |
| Sille AND                                                                                                                                                                                                               | Siller        | S OF<br>EN PRODUCTS        |                         |                   |  |
|                                                                                                                                                                                                                         |               |                            |                         |                   |  |







|     |                                  |   | THE MAN AND MORE THE THE THE |
|-----|----------------------------------|---|------------------------------|
| (b) | Employer / Organization:         |   | Your functional title:       |
|     | Work Location:                   |   |                              |
|     | Description of major activities: | - | Period of work:              |
|     | NA                               |   | Reason for leaving:          |
|     |                                  |   |                              |
| (c) | Employer / Organization:         |   | Your functional title:       |
|     | Work Location:                   |   |                              |
|     | Description of major activities: |   | Period of work:              |
|     | *                                |   | Reason for leaving:          |
|     | NA                               |   | NA                           |
|     |                                  |   |                              |
| (d) | Employer / Organization:         |   | Your functional title:       |
|     | Work Location:                   |   |                              |
|     | Description of major activities: |   | Period of work:              |
|     |                                  |   | INA                          |
|     | NA                               |   | Reason for leaving:          |
|     | / V 7/                           |   |                              |
|     |                                  |   |                              |
|     |                                  |   |                              |
| (e) | Employer / Organization:         |   | Your functional title:       |
|     | Work Location:                   |   |                              |
|     | Description of major activities: |   | Period of work: .            |
|     | MA                               |   | Reason for leaving:          |
|     |                                  |   |                              |





| 17. Can ISC contact your present or most recent employer? Yes No                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------|
| If yes, please provide telephone number.                                                                                              |
|                                                                                                                                       |
| NA                                                                                                                                    |
| 18. Do you have any previous volunteer experience?                                                                                    |
| If yes, please elaborate                                                                                                              |
| FIFTEEN YEARS FEILD EXPERIENCE WITH THE FARMERS                                                                                       |
| PRESENC TIMESTERS ON L-CONFOC                                                                                                         |
| 19. Have you'ever taught and/ or trained others?  Yes No                                                                              |
| If yes, please provide details                                                                                                        |
| ENAMERS DEBLERC TURSTERC 2 - LEGGERCE                                                                                                 |
| FORMERS, REELERS, TIMISTERS AND WEAVERS  20. If applicable, briefly outline work experience of less than six months (as per item 16): |
| 20. II applicable, briefly duffile work experience of less than six months (as per tiem 10).                                          |
| DOECOLDON DAST COCODN DOMESTICO                                                                                                       |
| production, prost coccor Hellowites                                                                                                   |
| PRECOCOUN, POST COCOON ACTIVITIES  AND EXPORT MARKETTING OF SILLE                                                                     |
| piny of a                                                                                                                             |
| AND SILLERN PRODUCTS                                                                                                                  |
| 21. If you have experience with computers, please explain how you have applied these skills in your area of professional expertise:   |
| (a) Specify software applications programming languages detailed a partial systems and the                                            |
| (a) Specify software applications, programming languages, databases, operating systems, networks, etc. you have used                  |
| COMPUTER AIDED TEXTILE DESIGNINGS CATD, DIGITAL PRINTTING  22. Do you have a valid driving license?  Yes No   Yes                     |
| Daniel Opins                                                                                                                          |
| DIGITAL PRINTING                                                                                                                      |
| 22. Do you have a valid driving license?  Yes  No  No                                                                                 |
|                                                                                                                                       |
| passenger car ⊡ motorcycle ☑ van (light truck) □ truck □ bus ☑ other:                                                                 |
| 23. Person(s) to be contacted in case of emergency:                                                                                   |
| 20. 1 croom(a) to be contacted in case of emergency.                                                                                  |
|                                                                                                                                       |
|                                                                                                                                       |
| Name Address Telephone Number(n):                                                                                                     |
| a) SHAHELNA AMDA LAMAL LALBARAR +91 9596031465,979655<br>SRINACIAR-190011(JAMOLL) +91 9596031466                                      |
| SRINACIAR -190011(JAMAL) 9368                                                                                                         |
| b) CALBRAGA +91 9596031466                                                                                                            |
| 24. Name of spouse:  Nationality of spouse:                                                                                           |
|                                                                                                                                       |
| SHAHEENA BICAL INDIAN                                                                                                                 |
| GAWOOS A                                                                                                                              |
| 25. Has your spouse ever submitted VEP PHS form? Yes No                                                                               |
|                                                                                                                                       |
|                                                                                                                                       |





| Yes ☑ No ☐ If yes, s           | pecify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of issue:09/04/ 20/2 E         | xpiry date 08/09/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| dd/mm/yy                       | dd/mm/yy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ess or disability you have,    | or have had, which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                | es, provide details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| s, qualifications, geographi   | cal and cultural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NED                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| your character, work and qu    | ualifications (excluding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Telephone                      | Profession:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CULTURE +91990 6597<br>7 AND K | - yare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12 ( 19797) + 9197971          | 11939 4 BUISTARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 190011 + 91908                 | 16625155 -01-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                | of issue:09/04/20/2 E  dd/mm/yy  ess or disability you have,  ted  Yes \( \sum \) No \( \sum \) If ye  ted  Yes \( \sum \) No \( \sum \) If ye  Telephone (country & city code) |





31. Briefly explain your reasons for applying to become a ISC Volunteer:

TO SHARE MY EXPERIENCE AND TECNOLOGY

FOR ECONOMIC OPCIFTAMENT OF

BASI'C STAKE STOLDERS RELATED WITH

SERICULTURE AND SILL INDUSTRY

32. I certify that the statements made in answer to all the above questions are true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission made in this Personal History Statement form may render my candidature invalid or, if serving as a ISC Volunteer, liable for early termination of my contract. I have read and understood ISC's Conditions of Service and accept them in principle.

Date (day/month/year):

03 103/2014

Signature