



DIKSAT TRANSWORLD LTD

8th December 2023

Chairman
Southern India Regional Council of
Institute of Cost Accountants of India
Montieth Lane
Egmore
Chennai

Dear Sir/Madam

Sub: Trainees placement (ICMAI inter) for training in our office – Reg

We request your kind attention to the above subject. We require trainees of the Intermediate qualified candidates to work in our office, Our company is having 12 companies in the group and our office is located at 24 south Mada street, Mylapore, Chennai – 600 004. The following are the details of requirement:

Organization	Diksat Transworld Limited
Post	CMA Trainee
No of Posts	3
Qualification	Intermediate
Experience	Freshers also can apply. Preferable with One year experience in Finance department .
Age Limit	25 -35
Place of Posting	Mylapore , Chennai
Salary Offered	Rs. 10,000/- Rs.15,000
Apply Before	31-12-2023
Category	General
Job Location / Website	Eligibility Criteria : Proficient in Excel/ word and accounting packages knowledge
Email	rajuma07@gmail.com ; or diksatcsmuthukumar@gmail.com
Phones	9043044660 or 9884613660 044 24640347

For DIKSAT TRANSWORLD LIMITED


Chairman And Managing Director




DIKSAT TRANSWORLD LTD

We request you to post the above advertisement in your website for the candidates to apply for the above position

Thanking you

Yours truly
For Diksat Transworld Limited


Dr. T. Dhevanathan Yadav
Chairman and Managing Director
Encl.: Application format



APPLICATION FORM

1. Name (Full Name) : _____
2. Father Name : _____
3. Blood Group : _____
4. Date of Birth (dd/mm/yyyy) : _____ Age: _____
5. Height : _____
6. Weight : _____
7. Educational Qualification : _____
8. Total Experience (in Years) : _____
9. Permanent Address : _____

10. Temporary Address : _____

11. Contact Number
(Mobile & Landline) _____
12. Email- ID : _____
13. Emergency Contact Number*
Parents / Spouse (*Mandatory) : _____
14. Previous Employment &
Company Details : _____

15. Old ESIC No (If any) : _____

16. Old PF UAN. (If any) : _____

17. Bank Account No
(Bank Name, Branch & IFSC) : _____

18. Pan Card Number : _____

19. Reference Contact Number* : 1. _____
(*Mandatory)

2. _____

20. Nominee Name for ESIC/PF : _____

Relationship with Nominee _____ & Nominee's Date of Birth: _____

Family Details

Father Name : _____ Date of Birth _____

Mother Name : _____ Date of Birth _____

Siblings : _____ Date of Birth _____

If Married:

Spouse Name : _____ Date of Birth _____

Children's Name : _____ Date of Birth _____

_____ Date of Birth _____

I do hereby declare that the particulars of information and facts above are true, and complete to best of my knowledge and belief.

YOURS TRULY

Date :

Place :

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