The Government Of The Republic Of The Union Of Myanmar

National Skills Standards Authority

MASTER DOCUMENT

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

1.	Name: **Mr/Mrs/Ms**	(First Name)	(Middle Name)	(Last name)		Affix Passport Size Photograph
2.	Sectors, Trade(s) and occupational skill	sector	trade	Occupational skill		
3.	Date of Birth:		Present Address:			
4.	Telephone/ Mobile No.:		E-Mail:			
5.	Office / Company/ Organization Address:			Office phone/ Fax;		

6. General Educations (Secondary):

Period (from ... to ...)	Class/Qualification	Educational Institution/school	Address

7. Technical/ Education (Graduation & above):

Period	Institution & Address	Qualifications/degree	Subject

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8. Training Course attended:

Sl. No.	Title of the Course	Conduct/ Organized by (Name & Address of organiser)	Dates	
			From	To

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

Sl. 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

b. Related to Skill Assessment

Period	Organization with Address	Department	Designation	Brief activity

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.

Created By & Date	Revision No	Effective Date	Description of Changes	Prepared By	Approved By
QR- 20.6.19	00	20.6.19	NIL	QR	DIRECTOR

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