# hrd1210bw.gifInstitute of Human Resources Development

Prajo’e Towers, Vazhuthacaud, Thiruvananathapuram-695 014.

Phone: 0471-232 2985 email : director@ihrd.ac.in

**Selection of Regional Tally Resource Person**

 *(For regular staff only)*

|  |  |
| --- | --- |
| 1. Name of Applicant |  |
| 2. Designation |  |
| 3. Name of Institution |  |
| 4. District |  |
| 5. \*Current rating of Institution on Tally Implementation. |  |
| 6. a) Educational Qualification of  Applicant b) B.Com/M.Com. qualified ?. |  |
| 7. Accounting experience of  applicant  |  Years. |
| 8. Experience in Tally.ERP9 |  Years. |
| 9. Whether participated in the  training in Tally.ERP9 |  |
| 10. Email id of applicant: |  |
| 11. Mobile no. |  |
| 12. Office phone no. |  |

Declaration

 If I am selected as a ‘Regional Tally Resource Person’, I am willing to help & support the accounting staff of other IHRD institutions as per the instructions of the Tally Administrator on voluntarily basis.

Place: Name :

Date:

Certificate

 I certify that the above applicant is well experienced in accounting matters related to our Institution and recommend to be considered for the selection of ‘Regional Tally Resource Person’.

Date : Name & Designation of Head of Institution.

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 *Note* : 1) No hard copy of this application need to be forwarded. Application forwarded as an

 attachment of a mail from the official mail-id of the Institution only will be accepted for

 processing.

 2) Please forward this application to : ihrd.tally@gmail.com only.

 3) Current rating list of Institutions is published in IHRD web🡪 accounts page.