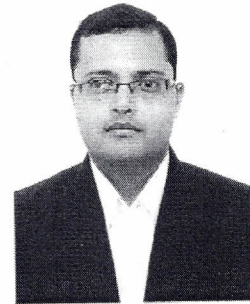


## Biographical Data Form

Note: This is not a *GSE Team Member Application* (161-EN). Please obtain that application from the GSE chair of your sponsor district.

Please print or type.

I am a GSE (check one)  Team leader  Team member



### CONTACT INFORMATION

3030

SPONSOR DISTRICT NUMBER

INDIA

COUNTRY

LALIT

FIRST NAME

OMPRAKASH

MIDDLE INITIAL

TAMBI

LAST NAME

Male  Female

Date of Birth 18/06/1978

DAY MONTH YEAR

+91-721-2568680

TELEPHONE RESIDENCE

+91-721-2677125

TELEPHONE BUSINESS

NIL

FAX

lalittambi@yahoo.co.in

E-MAIL

MARRIED

MARITAL STATUS (FOR HOST DISTRICT USE)

01

NUMBER OF CHILDREN

KARTIK-5.5 YEARS

NAMES AND AGES OF CHILDREN

### VOCATIONAL INFORMATION

CHARTERED ACCOUNTANT IN PUBLIC PRACTICE

VOCATION

9 YRS

YEARS IN VOCATION

ACCOUNTING AND AUDIT

TYPE OF INDUSTRY

TO CONDUCT AUDITS OF ACCOUNTS, PREPARE TAX RETURNS, FINANCIAL CONSULTANCY

SPECIFIC TASKS RELATED TO VOCATION

BOARD OF ACCOUNTANCY

SPECIFIC SITE VISIT REQUESTS RELATED TO VOCATION

TO UNDERSTAND THE AUDIT, TAX AND FINANCIAL SYSTEMS OVER THERE

VOCATIONAL GOALS FOR GSE EXPERIENCE

### ACCOMMODATIONS & ADDITIONAL INFORMATION

HINDI

NATIVE LANGUAGE

ENGLISH, MARATHI

ADDITIONAL LANGUAGES

NIL

SPECIAL ACCOMMODATIONS

VEGETARIAN

SPECIAL DIETARY OR MEDICAL NEEDS

I would prefer to be placed in the same homestay as a fellow team member.  Yes  No  No preference

### SUBMIT TO THE GSE CHAIR THREE MONTHS BEFORE DEPARTURE

The GSE chair should send copies of the team members' Biographical Data forms to the host district immediately upon selection of the team.