

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

SHRADD HA

FIRST NAME

BHUPENDRA

MIDDLE INITIAL

BHATT

LAST NAME

Male Female

Date of Birth 28/10/1982

DAY MONTH YEAR

+91-253-2505385

TELEPHONE RESIDENCE

+91 9423969285

TELEPHONE BUSINESS

NIL

FAX

shraddha_b2@yahoo.com

E-MAIL

MARRIED

MARITAL STATUS (FOR HOST DISTRICT USE)

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NUMBER OF CHILDREN

NAMES AND AGES OF CHILDREN

VOCATIONAL INFORMATION

PRODUCT SPECIALIST / ASSISTANT LECTURER

VOCATION

5-6 YRS

YEARS IN VOCATION

MARKETING AND MANAGEMENT

TYPE OF INDUSTRY

HANDLING CLIENTS, CO-ORDINATING WITH STUDIO TEAM, MARKETING, ADVERTISING, BRANDING, SUPPLY SYSTEM AND DELIVERY CHAIN / TEACHING MANAGEMENT STUDENTS

SPECIFIC TASKS RELATED TO VOCATION

CORPORATE / BUSINESS HOUSES, RETAIL DIVISION (PREFERABLY TEXTILE AND APPAREL), EDUCATIONAL INSTITUTIONS

SPECIFIC SITE VISIT REQUESTS RELATED TO VOCATION

TO EXPERIENCE VARIATIONS IN CORPORATE AND RETAIL SECTORS / TEACHING METHODS FOR MANAGEMENT STUDENTS

VOCATIONAL GOALS FOR GSE EXPERIENCE

ACCOMMODATIONS & ADDITIONAL INFORMATION

GUJARATI

NATIVE LANGUAGE

ENGLISH, HINDI, MARATHI

ADDITIONAL LANGUAGES

FEMALE / FAMILY

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