

STAR ONLINE PROJECT JOB CONSULTANT .



(A GROWING COMPANY OFF PROJECT)

www.24onlineprojectconsultant.weebly.com

Email: starconsultant2014@gmail.com

NAME

.....

FATHER'S NAME

.....

FULL ADDRESS

.....

DISTRICT..... **STATE** **PIN**

SEX **D.O.B.** **AGE**

EDUCATIONAL QUALIFICATION:-.....

Occupation:-.....

HOW DO YOU KNOW ABOUT US?

ALTERNATE Contact No:-.....

Languages known to speak fluently:-.....

The Mobile number from which you are going to do our job:-.....

WHICH JOB ARE SELECTED YOU;

Email Id: _____

PAYMENT DETAIL (WHICH BRANCH DEPOSIT REGD AMOUNT TRANSFER)

CASH/CHEQUE DIPOSIT BRANCH DEPOSIT DATE.....

YOU ACCOUNT DETAIL (WHERE YOU WILL TAKE PAYMENT)

ACCOUNT NO. A/C HOLDER.....

BANK NAME

BRANCH NAME IFSC CODE

TERM & CONDITION

- **No application will be accept without full Payment.**
- **Company have right to accept any application Without given any information.**
- **Company reserve the right to modified the make-Ting plan, Registration charges and term & cond.**
- **It is Business opportunity.**
- **Membership can't be transfer to other.**
- **Company can't pay you anything if you will not Does your work continue?**

**.After depositing application charge plea-
..se inform us on 09547729760.
.Mail us scan copy of application form
.With Bank receipt at.
.For any further assistant please call us
.On director **MR.N,AGRWAL: 9883842962**
**CALL TIME 2,00 TO 5.00 PM ,SUNDAY
OFF****

Email: starconsultant2014@gmail.com

Website: 24onlineprojectconsultant.weebly.com

STAR ONLINE PROJECT CONSULTANT
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I hereby, solemnly declare that the information given is true to best of my knowledge. I have read & understood the term & conditions applicable, as overleaf & agree to them in total.

CONSULTANTS CHARGES SIX MONTH 1,525

NON REFAND

Date : _____

Place : _____

Applicant Signature

