# hrd1210bw.gifInstitute of Human Resources Development

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**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](mailto:ihrd.tally@gmail.com) only.

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