

## Application Form for the post of Dy. Manager (Tech.)

Note: Please fill in all details in CAPITAL LETTERS only

**Application No:**  
(to be filled by GUDM)

**AFFIX RECENT  
PASSPORT SIZE  
COLOUR  
PHOTOGRAPH**

### PART: A (PERSONAL PARTICULARS)

1	Post applied for:	<input type="text"/>										
2	First Name:	<input type="text"/>										
3	Middle Name:	<input type="text"/>										
4	Last Name:	<input type="text"/>										
5	Gender:	<input type="text"/>										
6	Date of Birth:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> (DD:MM: YYYY)										
7	Mobile Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
8	E Mail address:	<input type="text"/>										
9	Communication Address:	<input type="text"/>										
10	Permanent Address:	<input type="text"/>										
11	Marital Status:	<input type="text"/>										

**PART : B (EDUCATION QUALIFICATION)**

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<b>Sr. No.</b>	<b>Qualification</b> <i>(start with highest qualification)</i>	<b>Name of Institution</b>	<b>From</b> <b>MM/YYYY</b>	<b>To</b> <b>MM/YYYY</b>	<b>Percentage %</b> <i>(if other criteria than convert in to %)</i>

**PART : C (PROFESSIONAL EXPERIENCE- Post Qualification)**

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Sr. No.	Employer	Designation	From DD/MM/YYYY	To DD/MM/YYYY	Total Experience	Sector* Govt. experience In Water Supply/Sewerage
<b>Total</b>						

## 14 Computer Skills

### Checklist of Documents enclosed:

✓	List of Document
	Updated CV/Resume
	School Leaving Certificate / Birth Certificate
	Copy of documents related to Edu. Qualification
	Other Certificates mentioned in Sr. No. 14
	Copy of Experience certificate
	Identity Proof, Address Proof

### Declaration:

*I hereby declare that all the statements made in this job application form are true, complete and correct. In the event of any information being found false or incorrect at any stage, my application is liable to be rejected and if already appointed, my services are liable to be terminated.*

**Date:**

**Place:**

**Signature**