

A GOVERNMENT OF MEGHALAYA UNDERTAKING

Address: Room Number: 238, Yojana Bhavan, First Floor, Main Secretariat, Shillong (CIN No U74999ML2020SGC013727)

PRESCRIBED APPLICATION FORM

Paste recent

				photograph
1.	a)	Advertisement No. & Date :		
	b)	Name of the post being applied for :		
	c)	Preferred Location :		
2.	Pe	rsonal Details:		
	a)	Full name of the candidate (in block letters)	:	
	b)	Date of Birth (DD/MM/YYYY):	and Age as on 30.06.2021:	
	c)	Gender (Male/Female)	:	
	d)	Marital Status	:	
3.	Pr	e-requisite qualifications for the post (starting from	the highest degree obtained):	

_	_							
			Duration of th	ie				_
		_	cource		Name of	f the College /	(Gra

Examination Passed	Duration of the course		Name of the College /	Grade /	% of marks
	From:	To:	University	Division	obtained

4. Any other qualification (*diploma course, training attended, computer course, etc.*):

Name of the	Name of the institution	Duration o		
Course/Training		From:	To:	Grade/Division



5. Employment Record (*starting from the current employment*):

	Name of the Employer/ Organization	Duration/Period of Employment		Designation	Nature of work	Salary	Reason for
		From:	To:	Designation	Mature of Work	Salai y	leaving
	0.18						
) m . l						
	a) Total years of expe	rience		:			
	b) Relevant years of e	xperience f	or the positio	n applied :			
_							
6.	Any other relevant info	rmation for	the post bei	ng applied:			
							
7.	Language Proficiency:						
٠.		Dood					
	_	Read	:			_	
	b)	Write	:			_	
	c)	Speak	:			_	
8.	Permanent Address:						
	-						
9.	Address for Communic	ation:					



10. Contact details:								
i.	E-mail ID	:						
ii.	Mobile	:						
iii.	Telephone Number	:						
11. All support	ing documents should be	enclosed for Sl. No. 2, 3, 4&5 mo	entioned above.					
	es and complete contact	information of two persons of eld have good knowledge about						
Deslavation								
Declaration:								
I hereby de	I hereby declare that the information furnished above is true to the best of my knowledge. I							
understand th	at if any information is fo	ound to be false / misleading, I ma	y be liable to be disqualified					
from the recru	itment process.							
Dated :								
Place :			(Signature of the Candidate)					