

Directorate of Municipal Administration
9th Floor, Vishweshwaraiah Towers, Dr Ambedkhar Veedhi,
Bangalore-01

APPLICATION FORMAT

AFFIX YOUR
RECENT
PASSPORT SIZE
PHOTO

POST APPLIED FOR : _____

NAME: _____

DATE OF BIRTH (dd/mm/yy): _____ **AGE** _____
(SSLC marks card to be enclosed for age proof)

PERMANENT ADDRESS: _____

ADDRESS FOR COMMUNICATION: _____

CONTACT NO: PHONE: _____ **MOBILE:** _____

EMAIL ID: _____

EDUCATIONAL QUALIFICATIONS:

SL. NO.	QUALIFICATION	SEMESTER /YEAR	YEAR OF PASSING	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS
1						
2						
3						
4						
5						

EXPERIENCE:

SL. NO.	ORGANISATION*	DESIGNATION	HR CONTACT NO.	DURATION		TOTAL MONTHS OF EXPERIENCE	
				FROM	TO		

*** A brief note on every organization shall be given, such as No of years of establishment, No of employees on roll, Industry in which the organization is performing, turn over, etc., in resume.**

REFERENCES:

SL. NO.	NAME	ADDRESS	CONTACT NO.

ACHIEVEMENTS & HONOURS:

- 1.
- 2.

Note: Enclose self attested

- a) Detailed Resume.
- b) Marks cards of all semesters.
- c) Educational qualifications certificates.
- d) Experience certificates.

SIGNATURE OF THE CANDIDATE