

Application Form

APPLICATION FOR THE POST OF



NAME:

DATE OF BIRTH(dd/mm/yy):..... AGE(as on closing date):.....
(SSLCmarks card ot be enclosed for age proff)

PERMANENT ADDRESS:.....

.....

ADDRESS FOR COMMUNICATION:.....

.....

CONTACT NO:PHONE:.....MOBILE:

EMAIL-ID:.....

EDUCATIONAL QUALIFICATIONS: (SSLC onwards)

SL. NO	QUALIFICATION	NAME OF THE INSTITUTION & UNIVERSITY	YEAR OF EXMANINATION PASSED	MAXIMU M MARKS	MARKS OBTAINED	% OF MARKS	DIVISION
1							
2							
3							
4							
5							

EXPERIENCE:*(start with present employee)

SL.NO	ORGANISATION	DESIGNATION	DURATION		TOTAL MONTHS OF EXPERIENCE		RESPONSIBILITIES HANDLED
			FROM	TO			

***Post Qualification Experience**

I.....Here by declare that all the statements made by me in the application are true, belief,complete & correct to the best of my knowledge.

I abide by the rules and regulations of the DMA and accept the same with regards to the recruitment.

SIGNATURE OF THE CANDIDATE

Note:Enclose self attested copies

- a) Detailed Resume.
- b) Educational qualifications certificates.
- c) Experience Certificates.
- d) Certificate of Professional Bodies.
- e) Any other relevant certificates of internships etc.