

DIRECTORATE OF CAD-PIM PANI PANCHAYAT SUPPORT UNIT DEPARTMENT OF WATER RESOURCES GROUND FLOOR, RAJIV BHAWAN, BHUBANESWAR Tel/ Fax- 0674-2391458, Email- adppsu@gmail.com

Please Affix Recent Passport size Photograph

Application Form

Positi	on Applied for:				_
PE	ERSONAL INFORMA	TION			
1.	Name in full:	Mr./Ms/ Dr.			
			(Surname)	(First Name)	(Middle Name)
2.	Present address:				
				Pin	
3.	Permanent address:				
				Pin	
4.	Email address:				
5.	Mobile No.:				

Marital Status	: Single \square	Married	Widowed	
Father's Name	e:			
Mother's Nam	ne:			
Health:				
a. Details	s of any major illness/s	since birth		
b. Any m	najor illness in the past t	wo years		
c. Do voi	u have any physical disa	ability?		
,	у г			
Have you been	n interviewed by us in the	he past? If yes, give de	tails.	
. Language kno	own:			
	LANGUAGE	SPEAK	READ	WRITE
SR. NO.		SIEAK		WALL
1.		SIEAK		WALL
1. 2. 3.		SILAK		WILLE
1. 2. 3. 4.		SILAK		WILLE
1. 2. 3.		SILAK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. 2. 3. 4.		SILAK		WHITE
1. 2. 3. 4.		SILAK		
1. 2. 3. 4. 5.	you join us?			
1. 2. 3. 4. 5.	you join us?			
1. 2. 3. 4. 5. How soon can	any district preference	? Please mention in d		that Directorate
1. 2. 3. 4. 5. How soon can		? Please mention in d		that Directorate

(Those who have no mobile numbers/email please mention not available)

16. EDUCATION / TRAINING

Education (Beginning with recent qualification)

DEGREE/ DIPLOMA	MONTH & YEAR OF PASSING	SCHOOL / COLLEGE / UNIVERSITY	% OF MARKS	DIV./ CLASS/ GRADE	MAIN SUBJECTS

17. EMPLOYMENT DETAILS

Give details in chronological order (beginning with the last job) accounting for all times, including periods of unemployment, if any.

DA	TE	NAME &	KIND OF	POSITION	SALARY PER	NATURE OF
FRO M	ТО	ADDRESS OF EMPLOYER	ACTIVITIES		ANNUM	WORK

- 18. Training/Practical Experience (Other than regular employment)
- 19. Additional information, if any:
- 20. Why do you think you are suitable for this position? Write within 500 words)
- 21. References: Give details of the reference letter you will be submitting to us.

References should be of persons other than relatives and with whom you have worked in the recent past.

SR.	NAME	OCCUPATION	ADDRESS	TELEPHONE
NO.				NO.
1.				
2.				
3.				

22. SUPPORTING DOCUMENTS

SR. NO.	DESCRIPTION OF DOCUMENT			

DECLARATION

I hereby declare that all information contained in this form is true to the best of my knowledge. I
understand that, if any of the content / information furnished herein is found to be false, I shall
be liable to be terminated from the services without notice or compensation.

Place:	
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Date:

(Signature of the Applicant)