

DEPARTMENT OF TOURISM, GOVERNMENT OF GOA, PANAJI-GOA

Tel: 0832 2494200/209 Fax: 0832 2494227 E-mail: dir-tour.goa@nic.in Web: www.goatourism.gov.in

APPLICATION FORM

Paste passport sixe photograph & put signature half on

APPLICATION FORM the photograph																			
Advertisement number									and half on the application form										
Name of the post																			
FULL NAME																			
(In Capital)	:																		
Address	:							1	-	1	.					1			
Contact No.	:																		
Date of Birth and age as on date of Advertisement	:	Date of Birth:												A	ge:-				
Sex	:			•	•			•											
Nationality	:																		
Educational Qualification	:																		
Valid Employment Registration No.	:																		
Category	:	Gen		SC	•		ST		0	вс		Phy. Hand	dicapp	ed	Ex- Service	eman	C	FF	
	:																		
15 yrs. Valid residential Certificate	:																		
Language Known	:																		
Experience if any	:																		

Declaration

- (i) I hereby declare that I have read and fully understood the instructions and guidelines contained in the Notification issued by the Department concerned, in respect of the advertisement and the scheme for recruitment to the post applied for.
- (ii) I further declare that all the statements made in this application form are true and correct to the best of my knowledge and belief.
- (iii) I further declare that all the copies of the documents/certificates attached to this application form in support of my application to the post applied for, are true copies of the original documents/certificates and the same are not false or fabricated.
- (iv) I understand that in the event of any information furnished or certificates attached by me, are found to be false or incorrect, my candidature for the post applied for is liable to be cancelled/rejected even after selection.
- (v) I understand that I shall be held liable and for the consequences thereon, for any false declaration made or false certificates attached.

		Signature of the Applican
Place:-		
Date :-		
Enclose	Self certified certificates copies and tick	c mark (√) against the same whichever submitted.
1.	Birth Certificate	
2.	15 years Residential Certificate	
3.	Valid Employment Registration Card	
4.	Educational Certificates	
5.	Other courses of qualifications	
6.	Cast certificate	
7	Evnerience if any	