



Goa State Infrastructure Development Corp. Ltd

STAFF APPLICATION

Please affix
your recent
Photograph
here.

Applicant's Name: _____

**Position Applied for: Solid Waste Management
Specialist/State Mission Manager
Solid Waste Management**

Full Name in Block Letters:

Mr. / Ms.

(FIRST NAME)

(MIDDLE NAME)

(SURNAME)

Present Address**Permanent Address****Telephone No. (Residence):****(Mobile):****Email Id:**

Date of Birth	Age	Place of Birth	Nationality	Marital Status	Sex

Height	Weight	No of years Residing in Goa	Employment Exchange No.

Family Details

Relation	Name	Age	Education	Employment
Father				
Mother				
Spouse				
Children				
Siblings				

Language known	Can Speak (Please tick)	Can Read (Please tick)	Can Write (Please tick)

Education						
Name of examination	School / College / University/ Institution	Year (mm/yyyy)		Examination passed and major subjects	Div/Class with % of marks)	Ranks/Medals or other achievements
		From	To			
X Std						
XII Std						
B.E/ Diploma						
Year/Semester						
Year/Semester						
Year/Semester						
Year/Semester						
Post -Graduation						
Year/Semester						
Year/Semester						
Others						

Computer Certificate Course			
Name of Course	Month & Year of Passing	Name of Institution	Principle Subjects Studied
Certificate Course			
Post Graduate Diploma			

Training (Specialized / Technical/Behavioral Training Undergone) :

Name & address of training Institution / Employer	Particulars of Training	Period of Training		Certificate obtained
		From	To	

Work Experience(In Chronological Order):

May attach a Resume

Name & address of Employer	Last position held & main responsibilities	Date of Joining	Date of Leaving	Reason for leaving	State clearly last salary & perquisites

Significant Achievements:

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Any Other Information:

Any additional information about yourself which you feel will be helpful to us in considering application for employment with us :

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If Selected when you can join GSIDC	
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I hereby certify that all the information provided above is true and correct to the best of my knowledge. Any false or misleading information provided on this form or any other document may result in the employment being terminated.

Place:

Date:

Signature:
