

Goa State Infrastructure Development Corp. Ltd

STAFF APPLICATION

Please affix your recent Photograph here. Applicant's Name: _____

Position Applied for: Urban Infrastructure Expert/ State
Mission Manager- Urban
Infrastructure

Full Name in	Dlask	Lattava							
Mr. / Ms.	Віоск	Letters:							
	(FIF	RST NAME)		E NAM	NAME) (SURNAME)				
		Present	Address				Permane	ent Address	
		Trosone	<u>1441 055</u>				101111111		
Telephone N	o. (Res	idence):				(Mobile):			
Email Id:									
D. C.			DI CO	·	27		1 15	2.16	
Date of Bi	rth	Age	Place of B	Sirth	Nationality N		Mar	Marital Status Sex	
Height	W	eight	No of years Res	iding in Go	oa	a Employment Exchange No.			
Family Date	1-								
Family Details Relation Name Age					Education Employment			ovment	
Father		1141		1190		Duteution		Zmpi	oy mene
Mother									
Spouse									
Children									
Siblings									
·									
Language known Can (Plea		Can Speak (Please tick)	k Can Read k) (Please tick)			Can Write (Please tick)			

Education						
Name of examination	School / College / University/ Institution	Year (mm/yyyy) From To		Examination passed and major subjects	Div/Class with % of marks)	Ranks/Medals or other achievements
X Std		110111	10	major subjects	mar Koj	
XII Std						
B.E/ Diploma						
Year/Semester						
Year/Semester						
Year/Semester						
Year/Semester						
Post -Graduatio	on					
Year/Semester						
Year/Semester						
Others						
Ouicis						
Computer Certificate Course						

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

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

Work Experience(In Chr		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:	
Any Other Information:	
Any additional information with us:	about yourself which you feel will be helpful to us in considering application for employment
If Selected when	n you can join GSIDC
	formation provided above is true and correct to the best of my knowledge. Any false or misleading orm or any other document may result in the employment being terminated.
Date:	Signature: