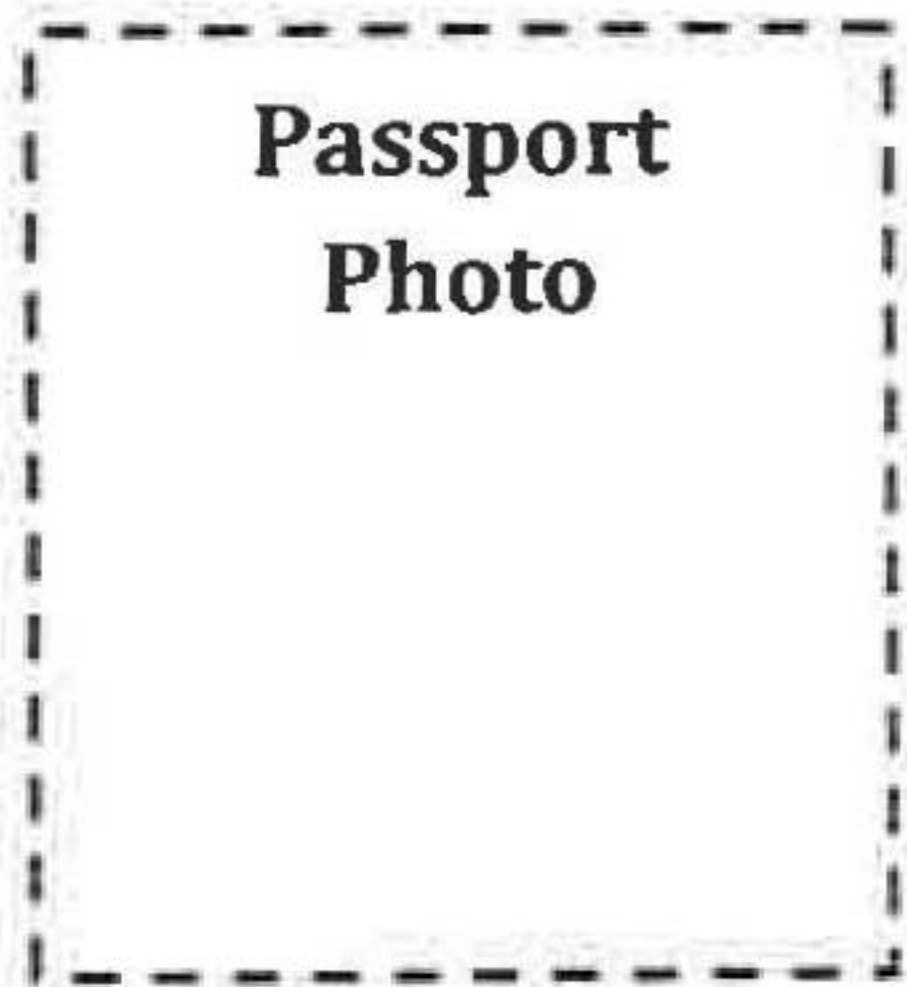


APPLICATION NO.....

Application for Appointment as Disaster Management Professional in the District Disaster Management Authority (DDMAs)



1. Name: _____
 2. Father's/Mother's Name: _____
 3. Date of Birth: _____ (enclosed age proof certificate)
 4. Gender: _____
 5. Mailing address (with Tel. /Mob. No. and e-mail address)

Phone No: _____ E-mail: _____

6. Permanent Address: _____

7. Educational Qualification: (Graduation onward) (Furnish attested certificates)

Sl.No	Course	Subject	University/Institute	Year of Passing	Percentage/Division/class
1					
2					
3					
4					
5					
6					

8. No of years of Work Experience: _____ Years (furnish details in below)

Sl.No	Organization/Institute	Period		Nature of Work	Remarks
		From	To		
1					
2					
3					
4					
5					

(Use separate sheet also for more details)

9. Reference (Related to Work):

(i) Sri/Smt...../Phone No.....

(ii) Sri/Smt...../Phone No.....

DECLARATION: The information contained in this application form is true, correct and complete.

I understand that any misrepresentation may invalidate my application/employment arrangements.

(Signature)

Date_____