# GOA TOURISM DEVELOPMENT CORPORATION LTD. PANAJI-GOA. APPLICATION FORM (Candidate should not add or delete any item or carry any item to another page)

Year			Passp photo put si half	easte cort size graph & gnature on the		
B. Serial number of the post applied for			half appl	graph and on the ication orm		
C. Name of the Post Applied for:						
ALL ENTRIES	IN THIS APPLICATION CANDIDATES IN TH				TERS BY T	не
1. FULL NAME						
IN CAPITAL	(First Name)					
	(Middle Name)					
	(Last Name)					
2.Postal address						
for communi-						cation
		PIN			1	

#### PAGE TWO

(b) Residential address (Enclose proof)	PIN						
(c) Telephone number Res.							
Mobile							
Male/Female     (Tick mark)	M F						
4. (i) Date of Birth	Enclose Birth Certificate  DATE MONTH YEAR						
(ii) Place of Birth							
5. Age as on the closing date for receipt of application							
6. Nationality							
7. Category to which the candida (Tick mark)	te belongs. Indicate it clearly           Yes         No						
(i) Gen							
(ii) SC							
(iii) ST							
(iv)OBC							
(v)Physically handicapped vi) Ex-Serviceman							
vii) Child of a Freedom Fighter							

#### PAGE THREE

8 \* Languages (A=Fluent; B=Good; C=working) Known

		To	Spe	<u>ak</u>	<u>To F</u>	Read	<u>d</u>		<u>To</u>	wr	<u>ite</u>	
1.	English	A	В	С	Γ	A	В	C		A	В	С
2.	Konkani	A	В	С		A	В	С		A	В	С
3.	Marathi	A	В	С		A	В	С		A	В	С
4.	Hindi	Α	В	С		A	В	С		Α	В	С

- 5. Others:
  - 1.
  - 2.
- False and misrepresentative statement/s may email in disqualification

# PAGE FOUR

9.Educational qualifications (full particulars starting from SSC onwards)

S N o	Passed .	Name of Board/University	Subjects taken for Examinatio n	Month and Year of passin g	Grade/Class / Division	Percenta ge Of Marks	Subject of specializatio n
1	2	3	4	5	6	7	8

PAGE-FIVE
10.Training/Professional courses undergone after completion of School.College education(Relevant to the post applied):-

Sr. No.	Course completed/	Name of the Organization/	Duration of Course		Grade/Class/ Division/	Subject of Specialization
	Exam	Institution	Degree/Diploma		Percentage	1
	passed		From	То	of Marks	
	-					
		l	I			

# PAGE - SIX

# 11.Work experience:-

	D 1 1/D	<b>.</b>			m 1	
Name of	Period(Exact	Designation	Nature of the	Scale	Total	Nature
Organization/	Dates to be	of the post	appointment	of	Emoluments	of
Institution/	given)	held	to the office	Pay	drawn	duties
Establishment			Contractual/Ad-	if		
			hoc/Regular/	any		
			Temporary			
			/Permanent			
1	2	3	5	6	7	8

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# PAGE-SEVEN

12. Whether willing to accept

the minimum starting in the scale of pay attached to If not, what is your expectation for increments and furnish reasons for the same	
13. What is the period of joining time required by the candidate after getting offer of appointment	
14.Any other relevant information, the candidate wishes to furnish in support of his/her suitability to the post (attach separate sheet, duly signed)	
<ol> <li>Qualification/required and possessed. (P in previous columns, candidate possesses for the post).</li> </ol>	lease state clearly whether, in the light of entries made s the essential qualification/s and experience prescribed  YES NO
Essential qualification and Experience required for the post	Essential qualification and experience possessed by the candidate
16. Has the candidate Participated at State/National Level In sports tournaments/games/NSS/NCC/ Extra curricular activities.	YES NO
If yes, attach certificates	

#### PAGE - EIGHT

- 17..(i) Has the candidate ever been convicted of a criminal offence and/or imposed upon any major penalty such as dismissal/removal or compulsory retirement from service
  - (ii) Any criminal prosecution/disciplinary action pending against the candidate?

Wherever the answer is "Yes", give details

18.Details of enclosures:-

Sr. No. Description of certificate/documents

#### 19. DECLARATION:

I hereby declare that all the statements made in this application are true, correct and complete to my knowledge and belief. I understand that, in the event of any information being found to be false, misrepresentative or incorrect, my candidature for the post applied for is liable to be cancelled/rejected even after selection, by the Corporation.

PLACE:	
DATE:	SIGNATUE OF THE CANDIDATE
	NAME IN BLOCK LETTERS