APPLICATION FORM

Entry Sea	rial No:
Date of r	eceipt:
	From:
	Dated:
Project C 4 th Floor,	aging Director, ell,Special Purpose Vehicle (GTDC Ltd), Paryatan Bhavan, Patto, Goa, 403001.
	Subject: Application for the post of "to be filled purely n contract basis.
paper	th reference to the advertisement published in the local news
	td), Panaji Goa.
$\underline{\mathbf{M}}$	y Bio-data is as under:
1) Na	me (in capital letters):
	ther's/Husband Name (in capital letters):
	sidential Address:
4) Da	
	rth:ace of birth:
	e as on the closing date of receipt of olication:

rejected or cancelled. I am also aware that in the event of my misstatement/discrepancy in the particulars if detected after my appointment to the applied post, my services shall be terminated forthwith without any notice to me.

	(Signature of Candidate)
Name:	
rume	(IN BLOCK LETTERS)

15)Details of valid Goa: (a) To be filled by a stagenty for a	by the candi	date who is n	ot falling ir		tate (
category for particular certificate	Date of issi		Authority	Date of expits valid	
(b) To be fille	d by the can	didate who i	s falling in	exempted ca	ntego
for produce Details of exempted which belongs	ction of above category to	Details of do	ocuments in	support of	
Sr. No Descript		ntes/documer rtificates/docu		•	

17) DECLARATION

I hereby declare that all the statements made above are true and correct and also all the certificates/documents enclosed to this application duly self attested are genuine to the best of my knowledge and belief. I am aware and understand that in the event of my particulars or information given herein if found to be false, mis-representative or incorrect, my candidature for the post applied for in this application is liable to be

	7) State to which											
	belongs:								•			
8	8) Gender (Male/	Femal	e):									
Ç	9) Contact No:											
]	10) Email-ID:											
-	11)Whether posse	ess age	, educatio	onal and	othe	r qua	lifica	ation as _I	presc	crib	ed for	
	-											
	applied:											
]	12)Educational o	qualific	cation po	ssessed	(H.S	S.S.C.	onv	vards):				
Sr. No	Exam passed	Name	e of d/Unive	Details Stream		Mon and		Total r marks			Grade/Class/Division	
		rsity				of pass:		with marks	% S	of	n Secureo	
								securi	<u>cu</u>			
1	13)Details of	Con	nputers/l	Bookkee	ping	g a	nd	Accou	ınta	ncy	//Tally/	
	Typewriting/	Short	hand/Au	tocad C	cour	se Co	mpl	eted (R	eleva	ant	to the	
	post applied)											
Sr. No	Details of Com Typewriting/Shortl Autocad Course		Name Organiza Institutio		Co	ration urse	of in	Month years	& of	Di	rade/Class/ vision/ rcentage	O

Sr. No	Details of Computers/ Typewriting/Shorthand/ Autocad Course	Name of Organization / Institution	Duration of Course in month	Month & years of passing	Grade/Class/ Division/ percentage of marks secured with typing speed per minute

14) Details of work experience (Relevant to the post applied)

Sr.	Name of Organization /	Designation	Nature of	Period of	Nature of
No	Institution/	of the post	appointment	working (Exact	duties
	Establishment/	held	(Regular/	dates to be	performed
	Department where		Temporary/ Ad-	given)	
	worked		hoc/ Contractual)		