

Application format for the positions of SPMU, Jal Jeevan Mission, Assam

Position Applied For: _____

First Name		Middle Name		Last Name
Date of Birth: _ _ / _ _ / _ _ _ _			Sex:	
Permanent Address:			Present Address:	
Phone: Email:			Phone: Email:	
Education Qualifications: (Please give exact titles of degrees/diplomas in original language) Only University Equivalent:				
Name of the Institution	Name of the Degree/Diploma	From MM/YY	To MM/YY	Main Course of Study
1.				
2.				
List Professional Societies And Activities In Civic, Public Or International Affairs:				
List Any Significant Publications You Have Written:				
Professional Experience: Starting with your present post, list in reverse order every employment you have had. Use a separate block for each post.				
From	To	Salary	Salary	Exact Title of the Post
MM/YY	MM/YY	Starting	Final	
Name of the Employer:			Type of Business:	
Address of the Employer			Name of the Supervisor:	
			Email of Supervisor:	

Description of Roles and Responsibilities:				

PREVIOUS POSTS (IN REVERSE ORDER)

From	To	Salary	Salary	Exact Title of the Post
MM/YY	MM/YY	Starting	Final	

Name of the Employer:			Type of Business:	
Address of the Employer:			Name of the Supervisor:	
			Email of Supervisor:	

Description of Roles and Responsibilities:				

PREVIOUS POSTS (IN REVERSE ORDER)

From	To	Salary	Salary	Exact Title of the Post
MM/YY	MM/YY	Starting	Final	

Name of the Employer:			Type of Business:	
Address of the Employer			Name of the Supervisor:	
			Email of Supervisor:	

Description of Roles and Responsibilities:

Knowledge of Language: (Use ✓ in the appropriate box)

Name of Language	Read			Speak			Write		
	Proficient	Interim	Basic	Proficient	Interim	Basic	Proficient	Interim	Basic

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the application form or other document requested by the Organization renders a staff member of the SPMU liable to termination or dismissal.

Date:

Signature:
Name of the Applicant:

NB:

You will be requested to supply documentary evidence which supports the statements you have made above if you are shortlisted. Do not, however, send any documentary evidence until you have been asked to do so by the Organization