

PUNJAB MUNICIPAL INFRASTRUCTURE DEVELOPMENT COMPANY DEPARTMENT OF LOCAL GOVERNMENT

APPLICATION FORM

| Post Applied For: Municipal Finance Specialist | | |
|--|--|---------------------------------|
| Full Name with Title (Mr./Mrs. | ./Ms./Dr.): | Affix your recent passport size |
| Father's/ Husbaṇd's Name: | photograph duly attested by Gazetted Officer | |
| Date of Birth: | | , |
| Age as on 01.06.2018: | | |
| Permanent Address | Mailing Address (if diff | erent) |
| Address: | Address: | |
| | | |
| District | District | |
| State | State | |
| PIN CODE | PIN CODE | |
| | l. | 1 |
| Contact Details: | | 41 |
| Mobile: | Landline: | |
| Email ID: | | |
| | | |
| Gonder: Male (| Female / | |

Educational, Technical and Professional Qualifications:

List secondary and post school qualifications by subject, class, level or grade of award and/ or other professional qualifications.

| Qualifications | Subjects | Name of University/ Institute | Year of Passing | % age | Division |
|----------------|----------|-------------------------------------|--------------------|-------|----------|
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Please attach separate sheet if required.

Languages: [For each language indicate proficiency: Good Fair or Poor in Speaking, Reading and Writing]:

| Language | Speaking | Reading | Writing |
|----------|----------|---------|---------|
| English | | | |
| Hindi | | | |
| Punjab | Y | | × |
| | | | |

Career History:

Please describe your career to date, starting with your most recent employment first and work in reverse order (add separate sheet, if required):

| Employer (Name & Address) | Job Roles | Designation | Period (From – To) | Experience (In years/ months) |
|---------------------------|-----------------|-------------|-----------------------|-------------------------------------|
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| | | | | |
| 9 | | | | |
| | TOTAL EXPERIENC | E | | |

| Periods unaccounted fo | r (if any) - | example career | break, | unemployment | etc. |
|------------------------|--------------|----------------|--------|--------------|------|
|------------------------|--------------|----------------|--------|--------------|------|

Two References:

| Sr. No. | Name of the Referee | Designation | Address & Contact Details | Email ID |
|------------|------------------------|-------------|---------------------------|----------|
| 1, | | | | |
| 2. | | | | |

PLEASE ENSURE THAT YOU HAVE COMPLETED THE DECLARATION:

Declaration: When you are satisfied you have completed all the information fully, please sign below to affirm that the information you have provided is to the best of your knowledge true and completed. If you provide any information which you know is false, or if you withhold relevant information, this may lead to your application being rejected or, if you have already been appointed, to your dismissal.

| Signature: | |
|------------|------|
| Place: | |
| Date: | |