



**PUNJAB MUNICIPAL INFRASTRUCTURE DEVELOPMENT COMPANY
DEPARTMENT OF LOCAL GOVERNMENT**

APPLICATION FORM

Post Applied For: _____

Full Name with Title (Mr./Mrs./Ms./Dr.):

Father's/ Husband's Name:

Date of Birth:

Age as on 01.08.2018:

Affix your recent
passport size
photograph duly
attested by
Gazetted Officer

Permanent Address

Mailing Address (if different)

Address:

Address:

District

District

State

State

PIN CODE

PIN CODE

Contact Details:

Mobile: _____ Landline: _____

Email ID:

Gender: 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 | | | |

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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| | | | | |
| | | | | |
| | | | | |
| TOTAL EXPERIENCE | | | | |

Periods unaccounted for (if any) – example career break, unemployment etc.

Referees: (these should be professionally competent well acquainted with some aspects of applicant's training, accomplishments, capability and character, but must not be relation)

| 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: _____