## ಜಿಲ್ಲಾಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಕೋಶ, ಗದಗ ಕೊಠಡಿ ನಂ.123. OFFICE OF THE DEPUTY COMMISSIONER OFFICE, DISTRICT URBAN DEVELOPMENT CELL, GADAG

ದೂರವಾಣಿ: 08372-231877 ಪ್ಯಾಕ್ಷ: 08372-236135

Degree

Post Graduation ಇ-ಮೇಲ್: dudc\_gdg@yahoo.co.in

Affix passport size photo

Application ID:		District:		Tol	Token No.:				
Post for which	applied:						10		
		I. Pers	onal	Details					
Particulars	Title	First 1	First Name		Middle Name		Last Name		
Name of the candidate	Mr.Mis/Mrs/Smt.								
Date of Birth:			E	Enter the dat	te of b	oirth in the f	ormat (dd/m	nm/yyyy)	
Mobile No.			E	E-mail ID:					
Caste & Caste certificate No.:			A	Adhar No.:					
Taluk:									
		II. Acad	lemic	Details					
Cource	Field of stud	W/	ar of ssing	Board Univers	-	Max. Marks	Marks scored	%age	
10th (SSLC)									
PUC (12th Std)									

III. Work Experience								
Name of the organisation	Designation	From	То	Experience (Year-Month)				
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		- safe and a second						
			40					
Case Section Company and no state	to minute table							
Address:		Signature						
		Date:						