



## ZILLA PANCHAYATH, DAKSHINA KANNADA, MANGALURU

### APPLICATION FORM

(TALUK PROGRAMME MANAGER, CLUSTER SUPERVISOR AND MIS/DEO)

1. Name of the Post applied for: \_\_\_\_\_

2. Full Name of the candidate: \_\_\_\_\_  
(In Block Letters)

3. Date of Birth:

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Day

Month

Year

Paste your recent  
passport size colour  
photograph

4. Marital Status: \_\_\_\_\_

5. Father's/ Husband's Name: \_\_\_\_\_

6. Mailing Address (in block letters): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel.No. : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

7. Whether Physical Handicapped ? (YES/NO): \_\_\_\_\_

8. Educational Qualifications:

Sl.No.	Exam passed	Division /Grade % of Marks	Year of Passing	Board/ University	Subject of Specialization

9. Brief Professional Experience:

Name of the Office/Firm	Post held	Joining date (indicate day, month & year)		Experience Total Period (in years)			Nature of duties
		From	To	Years	Months	Days	

10. Any other relevant information: \_\_\_\_\_

11. Details of enclosures:
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_

I hereby declare that all the information given in the application are true and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_

**Signature of candidate**

Place: \_\_\_\_\_