

APPLICATION FOR THE POST OF DGM (Legal)

1) **INSTRUCTIONS:**

- a) All columns should be filled in BLOCK LETTERS
b) Incomplete applications / applications without enclosures will be rejected.

2) **POST APPLIED FOR :**

- a) FULL NAME (IN CAPITAL LETTERS):
b) DATE OF BIRTH:
c) SEX: MALE / FEMALE:
d) MARITAL STATUS : MARRIED / UNMARRIED

3) CATEGORY (Tick Mark) : GEN SC ST OBC XSM

- a) If XSM, indicate number and rank :
b) WHETHER PHYSICALLY : YES NO
c) CHALLENGED
d) If yes, mention the category of disability): VH OH HH
e) RELIGION : _____

4) PERMANENT ADDRESS: CORRESPONDENCE ADDRESS:

_____	_____
_____	_____
_____	_____

5) TELEPHONE NO: (R) _____ (O) _____

MOBILE NO : _____

E-MAIL ID : _____

6) a) FATHER'S NAME : _____

b) OCCUPATION : _____

7) LANGUAGES KNOWN : (UNDERLINE MOTHER TONGUE)

READ WRITESPEAK

8) EDUCATIONAL QUALIFICATIONS (starting from Matriculation):

EDUCATION	NAME OF THE INSTITUTION	YEAR STUDIED FROM TO		CLASS / DIV.	BRANCH / DISCIPLINE	GRADE/ % OF MARKS
SSLC / Matriculation						
PUC						
Degree						
LLB						
OTHERS (please specify)						

9) Are you employed in Govt./PSU/Quasi Govt., if yes, have you enclosed NOC?

10) EXPERIENCE:

a) (Start with the current employment)

NAME OF THE EMPLOYER AND ADDRESS	DESIGNATION	DURATION		BRIEF NOTE ON DUTIES & RESPONSIBILITIES / ASSIGNMENTS HANDLED
		FROM	TO	

b) SALARY DRAWN (please furnish details of all components like Basic, DA, HRA, CCA including Pay scale etc.)

11) DETAILS OF MEMBERSHIP OF PROFESSIONAL INSTITUTIONS, IF ANY :

12) DETAILS OF DEMAND DRAFT:

DD Number	Date	Name of the Bank	Branch	Value

DECLARATION

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect my candidature / appointment may be terminated without notice.

SIGNATURE OF CANDIDATE

PLACE :

DATE :