APPLICATION FORM FOR THE POST OF $\underline{\textbf{ASST. MANAGER}}$ (ELECTRICAL)-TRAINEE

Applicant's Name							
(in block letters)	Surname					Please Affix a Recent	
•	First Name Middle Name					Photograph	
		Pin Code					
Date of Birth:		Sex : Male	e 🔲 Fe	male [
Residence in Goa for	r	years Marital St	atus: Ma	ırried	□ U:	nmarried	
Employment Exchan	ige No						
E-mail:		Te	1. No				
Educational Qualific	ation: As per A	Annexure 'A'					
Work Experience	: As per A	Annexure 'B'					
Languages Known:	Konkani	Speak \square	Read		Write		
	Marathi	Speak	Read		Write		
Additional information	on if any:						
I hereby declare that to the best of my kn information given in according to the C terminated.	owledge and be this application	elief. I understand n is false / incorrec	l that if a t or I do 1	t any s not sati	tage, it is	s found that any ligibility criteria	
Place:							
Date:				Signa	ature of A	applicant	
Note: Please tick m	ark ($\sqrt{}$) in appro	opriate box.					

EDUCATIONAL QUALIFICATION

Name of examination	Month and year of passing	Name of Board/ University	Percentage of marks obtained	Number of Attempts	Ranks – Prizes / Medals	
	passing		obtained		ivicuals	
S.S.C. or						
equivalent examination						
H.S.S.C. or						
equivalent examination						
GRADUATION	<u> </u>					
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Year /						
Semester						
Year /						
Semester						
Year /						
Semester						
Year /						
Semester						
POST-GRADU	ATION				•••••	
Year /						
Semester						
Year /						
Semester						
COMPUTER KNOWLEDGE						
Name of Course	Month &	Name of Institution	Number	Principle S	ubjects Studied	
	Year of		of			
	Passing		Attempts			
Certificate Course						
Post Graduate	2					
Diploma						
	e/Diploma, Plea	se specify competenc	e in Computers	:		
Any Other O	lification					
Any Other Qua	Cauofi 					

Remarks: 1. In case of Semester, Please specify separately for each semester.

2. In case of incomplete/ False information the application is liable to be rejected.

Sr.	Name of Employers	Dates employed		Num		Types of experience	
No.		From To		of years		(in brief)	
1.							
2.							
3.							
4.							
CDE	CIAL TYPE OF EXPERIENCE						
Sr. No.	Details of Specific Work Executed	Name, Place and Description of Work					
	High / Low Voltage Distribution	Design d	& Estimation	on			
		Execution					
2. Domestic / Industri Electrification		Design d	& Estimation	on			
		Execution	on				
3. Air Conditioning, etc.	Air Conditioning, etc.	Design d	& Estimation	on			
		Execution	on				
4.	Lifts	Design d	& Estimation	on			
		Execution	on				
5. Any other specialization Electrical Engineering		Design & Estimation					
		Execution	on				
6.	Computer Knowledge						
. ~=	 HEVEMENTS						