

Annexure-I

GOVERNMENT OF MEGHALAYA MEGHALAYA STATE DISASTER MANAGEMENT AUTHORITY LACHUMIERE, MEGHALAYA::: SHILLONG

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No. SDMA.86/2012/1089 (A)

Dated Shillong, the 2nd February, 2022

ADVERTISEMENT

The Office of State Disaster Management Authority (SDMA) invites application from eligible candidates who are Indian Citizens for recruitment to the following post on contractual basis for a period of 1(one) year and may be extended depending upon the nature and volume of works in SDMA and performance subject to such terms and conditions as will be laid in the contract agreement.

Sl. No	Name of Post	Number of Post	Remuneration of Post	Required Qualification	Desirable Qualification	Experience
1.	Accountant	1(one)	₹25,000/- p.m	B.Com/BBA	Post Graduate in MCOM/ MBA/ Diploma in Finance Budget and Accounting (DFBA)	2(Two) years and above in Public/ Private Sector. Handling of Financial Report and complete Accounts both State and Central Funds/ Scheme

GENERAL INFORMATION

1. **Application Form** along with **Resume/Curriculum Vitae (CV)** only should be submitted to this office or through email: sdmadeptt-meg@gov.in within 15 Days from the date of issue of this advertisement.
2. Candidates are to bring all Certificates/ Testimonials are etc in originals at the time of Interview.
3. No TA/DA will be paid to the applicants for attending the Interview.



Executive Director,
State Disaster Management Authority
Meghalaya, Shillong

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STANDARD FORM OF APPLICATION

Date

To

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Sir,

I beg to apply for the post of and furnish the facts as below. In case of any false statement, I am liable to any action Government may deem fit and proper, A Treasury Challan of Rs. (Rupees) vide T.V. No. is attached herewith.

Signature of Applicant.

1. Full name (in Capital Letters) with Address; if any :- Surname First.
(Please do not use any initials)
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2. Date of Birth :-
..... Year Month Date
3. Place of Birth :-
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Village / Town Police Station District State
4. Father's / Mother's / Husband's name (in case of married female) :-
(Please do not use any initials)
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5. Personal Description :-
A. Height :MCM B. Colour of Eyes :
C. Colour of hair :- D. Visible distinguishing marks; if any :
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6. A. Permanent Address in full : B. Present Address in full :
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- C. If you have not resided at the above address continuously for the last four year, please give the other address where you have resided during the period :-
From : To : Address :

7. Reference – Name & Address of two responsible persons in your localities who would be prepared to vouch for you :-

A. B.
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8. Educational & other qualifications (Please attach copies of Certificates, Marksheets, etc. :-

Name of Institution & Address	Date of Entering	Date of Leaving	Examination Passed	Division	Subjects Taken

9. Are you a member of SC / ST ? Answer ‘Yes’ or ‘No’. If ‘Yes’, give particulars supported by a certificate (Copy to be enclosed :-

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10. Present occupation; if any :-

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11. Previous appointment held; if any :-

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12. Are you a temporary/retrrenched personal of a Temporary Department of the Government of Meghalaya ? Answer ‘Yes’ or ‘No’; if ‘Yes’, give particulars :-

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Signature.