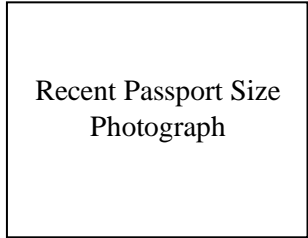


**Application Form for Consultant in the Meghalaya State Disaster Management Authority (MSDMA)**



Post applied for: \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Capital Letters)

2. Father's/Mother's Name: \_\_\_\_\_

3. Sex (Male/Female): \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ years

5. Category: SC/ST/OBC/General/Any Other (pls. specify) \_\_\_\_\_

6. Contact Address: \_\_\_\_\_  
\_\_\_\_\_

7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

8. E-mail: \_\_\_\_\_

9. Mobile No: \_\_\_\_\_

10. Present Occupation: \_\_\_\_\_

11. Education (in reverse chronological order) (pls add rows if required):

<b>Sl. No.</b>	<b>Year</b>	<b>Degree/Diploma</b>	<b>University/Institution</b>	<b>Division/ GPA</b>	<b>Subjects</b>

12. Experience (in reverse chronological order) (pls add rows if required)

<b>Sl. No.</b>	<b>Period</b>			<b>Organization /Institution</b>	<b>Post/Nature of work</b>	<b>Accomplishments</b>
	<b>From</b>	<b>To</b>	<b>Total</b>			


13. Trainings: \_\_\_\_\_

14. Publications (if any): \_\_\_\_\_

15. Awards/recognitions: \_\_\_\_\_

16. Any other information: \_\_\_\_\_

17. References (Name, Designation, Institution, Address, E-mail and Phone Number):

i. \_\_\_\_\_

ii. \_\_\_\_\_

I have carefully gone through the advertisement and I am well aware that the information furnished above is duly supported by the documents in respect of Essential Qualification/Work Experience submitted by me will also be assessed by the Selection Committee at the time of selection for the position. The information/details provided by me are correct and true to the best of my knowledge and no facts having a bearing on my selection has been suppressed or withheld.

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

Signature: \_\_\_\_\_