### APPLICATION FORM

Name & Address of the Applicant :- .....

Affix passport size photograph

.....

To,

The Director Department of Civil Supplies and Consumer Affairs, 1<sup>st</sup> Lift, 2<sup>nd</sup> Floor Junta House, Panaji, Goa-403 001

Name of the post applied for :- APPLICATION FOR THE POST OF.....

### Category of the post applied for (ST/SC/OBC/PwD/UR/CFF/EWS/Ex-Ser.)

Please write in the given space whichever is applicable: .....

1.	Name in full (in block	·	 rname	Name		 le Name		
2.	Gender (Male/Female)	) :						
3.	Marital Status	:						
4.	Father's/Husband's Na	ame :	:					
5.	Address for correspond	dence :- ]	:- H.No Waddo:					
	(in block letters)	ľ	Village/Town Taluka					
6.	Contact Number	:						
7.	7. Date of Birth (dd/mm/yyyy) :							
8.	3. Age as on date of Advertisement (yy/mm) :							
9.	9. Whether residing in Goa or last 15 years- Yes/No, if Yes, Certificate valid upto							
10.	10. Employment Exchange :							
11.	11. Nationality :							
12.	12. Details of Essential Qualifications :-							
Sr.	Examination	Month &	Grade/Cl	Name of the	Marks	%		
No	Passed	year of	ass/	Board/	obtained	achieved		
		passing	Division	University				

13. Additional qualifications (other than essential qualification shown above)

19. Fidemonal qualifications (other than essential qualification shown above)						
Sr.	Examination	Month &	Grade/Cl	Name of the	Marks	%
No	Passed	year of	ass/	Board/	obtained	achieved
		passing	Division	University		

Contd....2/-

14. Languages Known (Please tick ( ) in appropriate column

Name of the languages	Read	Write	Speak
English			
Konkani			
Marathi			
Hindi			

### 15. Details of Extra Curricular activities :

Sr. No	Details of Extra Curricular activities/particip ation	Name of Event	Date of Event	Name of the Organisation conducting event	Position secured

### 16. Details of Work experience in the field :-

Sr.	Name of	Designation	Nature of	Date		Period
No	Organisation/Insti	of the post	work	From	Upto	
	tution/Establishm	held	handled			
	ent					

(Note :- May attach additional sheets, if required)

# DECLARATION

# (Note: Strictly No Certificate to be attached/enclosed)

Place :-....

(Signature of the applicant)

Dated :- / /2021

Name (in block letters).....