

Post applied:

Form no.

Application form
for the post of
Under Programme Management Unit, DILRMP

1. Full Name of the Applicant:
2. Father's/Mother's/Husband's Name:
3. Sex (Male/Female):
4. Date of Birth (DD/MM/YYYY):/...../.....
5. Age on 01/04/2021: Years Months Days
6. Category: UR/OBC/SC/ST/PWD:
7. Present address & Contacts no.:
.....
8. Permanent address & Contact No:
.....
9. Email address with mobile number:
10. Weather a Govt. Employee: Yes/No. If yes, "No Objection Certificate" in original issued by the employer (Competent Authority) should be enclosed.
11. Education Qualification details:

Affix self-
attested
recent
passport size
photograph

Name of Examination passed	Subject/Course	Board/University	Regular/ Correspondence	Passing Year	% of marks/GPA

12. Work experience details:

Note: Please do not mention experience gained as a volunteer. Start from most recent experience. If you have worked in more than one area/post within the same organization, please enter the details separately. (Add extra sheet if required)

Name of organization	Designation & Place of Posting	Key Job Description	Achievements/ Outputs	Experience form – To DD/MM/YY	Total Experience (in months)

13. Training attend (provide only relevant to the post applied for. Add extra sheet if required)

Subject/ Name of Training	Name/ Place of training	Date/ Duration

14. Reference (should not be related to the candidate):

Sl. No.	Full Name	Full address	E-mail & Mobile no.

Certification (Candidature of candidates not certifying any of the following statements will be summarily rejected):

I certify that the above mentioned details correctly describe my qualification, experience and personal details, to the best of my knowledge & belief. I accept that my misrepresentation, incorrect information, suppressed information, with respect to any of the information submitted herewith being found out at any stage during/after the recruitments will render my candidature/appointment liable for disqualification/termination without further communication.

Date:

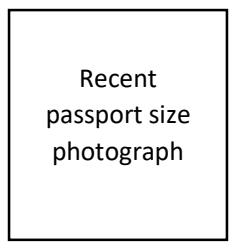
Place:

Signature of Candidate

Form no.

GOVERNMENT OF MANIPUR
PROGRAMME MANAGEMENT UNIT, DILRMP

CANDIDATE'S ADMIT CARD



Name of Post:

ROLL NO. (To be filled in by the concerned authority):

1. Name & Address in full:
.....

2. Date of birth:.....

3. Signature of the Candidate:

Imphal/Lamphelpat
Dated

Signature of issuing Authority
Seal



Form no.

GOVERNMENT OF MANIPUR
PROGRAMME MANAGEMENT UNIT, DILRMP

ACKNOWLEDGEMENT RECEIPT

Name:

Address:

Post applied for:

Category: UR/OBC/SC/ST/PWD

Received by: Date