

PUNJAB MUNICIPAL INFRASTRUCTURE DEVELOPMENT COMPANY DEPARTMENT OF LOCAL GOVERNMENT

APPLICATION FORM

Post Applied For	Post	App	lied	For:
------------------	-------------	-----	------	------

MUNICIPAL FINANCE SPECIALIST

Full Name with Title (Mr./Mrs./Ms./I	Affix your recent passport size photograph duly	
Father's/ Husband's Name:		attested by Gazetted Officer
Date of Birth:		
Age as on 01.08.2018:		
Permanent Address	Mailing Address (if diffe	erent)
Address:	Address:	
	-	
District	District	
State	State	
PIN CODE	PIN CODE	
Contact Details:		
Mobile:	Landline:	
Email ID:		
		·
Gender: Male () Fe	emale ()	

Educational, Technical and Professional Qualifications:

List secondary and post school qualifications by subject, class, level or grade of award and/ or other professional qualifications.

Qualifications	Subjects	Name of University/ Institute	Year of Passing	% age	Division
					-
					1
				-	

Please attach separate sheet if required.

Languages: [For each language indicate proficiency: Good Fair or Poor in Speaking, Reading and Writing]:

Language	Speaking	Reading	Writing
English			-
Hindi			
Punjab			

Career History:

Please describe your career to date, starting with your most recent employment first and work in reverse order (add separate sheet, if required):

Employer (Name & Address)	Job Roles	Designation	Period (From – To)	Experience (In years/ months)
TOTAL EXPERIENCE				

Periods unaccounted for (if any) – example career break, unemployment etc.	

Referees: (these should be professionally competent well acquainted with some aspects of applicant's training, accomplishments, capability and character, but must not be relation)

Sr. No.	Name of the Referee	Designation	Address & Contact Details	Email ID
1.				
2.				
				() (c)

PLEASE ENSURE THAT YOU HAVE COMPLETED THE DECLARATION:

Declaration: When you are satisfied you have completed all the information fully, please sign below to affirm that the information you have provided is to the best of your knowledge true and completed. If you provide any information which you know is false, or if you withhold relevant information, this may lead to your application being rejected or, if you have already been appointed, to your dismissal.

Signature:	
Place:	
Date:	