

Application  
No \_\_\_\_\_ ( to  
be filled by office)

**LAST DATE OF SUBMISSION OF APPLICATION FORM: 17<sup>th</sup> February, 2017**

**APPLICATION for Appointment as Disaster Management Professional in the  
District Disaster Management Authority (DDMA)**

Passport photo

1. Name: \_\_\_\_\_

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

3. Date of Birth: \_\_\_\_\_ (enclosed age proof certificate)

4. Gender: \_\_\_\_\_

5. Mailing address (with tel. / mobile. no. and e-mail address)

\_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ . E-Mail: \_\_\_\_\_

6. Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Education Qualification: (Graduation onward) (Furnish attested certificates)

Sl.No	Course	Subject	University/Institute	Year of Passing	Percentage/ Division/class
1.					
2.					
3.					
4.					
5.					

8. No of Years of Work Experience: \_\_\_\_\_ years (furnish details in below)

Sl.No	Organization/Institute	Period		Nature of work	Remark
		From	to		
1.					
2.					
3.					
4.					
5.					

(Use separate sheet also for more details)

9. Reference (Related to Work):

(i) Shri/Smt \_\_\_\_\_ / Phone No \_\_\_\_\_

(ii) Shri/Smt \_\_\_\_\_ / Phone No \_\_\_\_\_

DECLARATION: The information contained in this application form is true, correct and complete. I understand that any misrepresentation may invalidate my application/employment arrangements.

(Signature)

Date \_\_\_\_\_

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