## **Urban Development Department, Uttarakhand**

AC	ivertisement no:									Dated	1:		
1.	APPLIED FOR  AMRUT 2.0 (PMU/PIU)							РНОТО					
2.	POST APPLIED FOR												
3.													
	Full Name (in block letter)												
4.					I		1					<u> </u>	
	Date of Birth	D	D	М	M	Y	Y	Y	Y	Age	on 01	L.07.2	023
5.													
6.	Gender												
о.	Nationality												
7.													
	Father's / Husband's Name												
8.													
Ο.	Mother 's Name												
9.													
	Address for Correspondence												
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) <b>.</b>											•
Permanent Addre	ess										
L.		T			1					1	
Telephone No:-	1	Mobile									
	2	Landline									
(with STD)		<b>)</b>									
	3	E-Mail									
2.								_			
Details of Educat	_				1		ation/				
Examination		sity/Board		Year of Division		Subjects					
Passed		titution/Council of		Passing /Grade							
	Exa	mination									
							1				
							1				
 3.	1				1		1				
Details of previou	us/current	employme	nt? Give	parti	culars	belov	w:-				
Name of									Total	Mont	hlv

Details of previous/current employment? Give particulars below:-										
Name of	Period of Service		Designation	Nature of	<b>Total Monthly</b>					
Organization				Duties	<b>Emoluments</b>					
	From	То		Performed						

(Additional Sheets may be enclosed for other details of Experiences)

Note: (Please also attach your latest detailed CV)

If Selected, specify your minimum	
joining time	

## 15. Languages Known (Mark in appropriate category)

- a. English(Read) (Write) (Speak)
- **b.** Hindi (Read) (Write) (Speak)

I hereby declared that all statements made in this application are true, complete and correct to the best of my knowledge and belief and understand that in the event of any information found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirement of the relevant advertisement my Candidature can be Cancelled, even after my appointment.

I undertake to abide by all the terms and conditions mentioned in the advertisement given by the department.

Place:		
		Signature of Candidate
Date:		
	Name:-	