



MEGHALAYA BASIN MANAGEMENT AGENCY (MBMA)

HQR: SHILLONG



Ph: 0364-2522921/2522992

Fax: 0364-2522921

Email: mbdashillong@gmail.com

PREScribed APPLICATION FORM

1. Name of the Candidate : _____

2. Permanent Address : _____

Paste recent
passport size
photograph

3. Date of Birth and Age as on 01.11.2016 : _____

4. Name of the post being applied for:

Sl no	Name of Post	Location	Tick only one
1	Programme Associate		
2	Administrative Associate		

5. Employment Record (*starting with current / last employment*):

Name of the Employer	Period of Employment		Designation	Nature of work
	From:	To:		

6. Pre-requisite qualifications for the post (*starting from the highest degree obtained*):

Examination Passed	Duration of the course		Name of the College / University	Grade / Division	% of marks obtained
	From:	To:			



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7. Any other qualification (*diploma course, training attended, computer course, etc.*):

Name of the Course/Training	Name of the institution	Duration of the course		Grade/Division
		From:	To:	

8. Relevant experience for the post being applied for :

9. Address for Communication:

10. Contact details:

- I. E-mail ID : _____
- II. Mobile : _____
- III. Telephone Number : _____

Declaration:

I hereby declare that the information furnished above is true to the best of my knowledge. I understand that if any information is found to be false / misleading, I may be liable to be disqualified from the recruitment process.

Dated : _____

Place : _____

(Signature of the Candidate)