**“APPLICATION FORM”**

 Photograph

To,

The Principal,

SPES’s Shri. Gopal Gaonkar Memorial,

Goa Multi-Faculty College,

NH-4A, Ponda-Belgaum Road,

Dayanand Nagar, Tal. Dharbandora,

Near Sanjivani Sugar Factory,

District-South Goa. 403406

Sub: - **Application for the post of Lower Division Clerk on Regular, full-time basis.**

Sir,

With reference to the advertisement published in the local newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_, I hereby apply for the post of **Lower Division Clerk** on **Regular full-time basis**:

**My bio-data is as under:-**

1. Name of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of the father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Language known (kindly tick): Konkani: Read Write Speak

 Marathi: Read Write Speak

 English: Read Write Speak

 Hindi: Read Write Speak

5. Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. E-mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date of Birth\*\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age: \_\_\_\_\_\_\_\_\_\_\_\_\_

8. Category/Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Ref. Number and Date of valid 15 years Residence Certificate in Goa (issued by Competent Authority) \*\*\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid up to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. Reference Number and date of Valid Caste Certificate issued by Competent Authority\*\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.Valid Employment Exchange Registration Number\*\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Educational qualification details are as under: \*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Standard/ Course studied | Name of the Board / University | Marks obtained | Out of total Marks  | % of marks/Grade | Subject( Bachelors and Master level) |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |

**13. Work Experience, if any: \*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No | Place of Work | Post held | Nature of appointmentLecture basis/Contract basis/other | Date | Period of Service Month/Years |
| 01 |  |  |  | From | up to |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |

**Note: Applicants may annex additional sheets, if so required to furnish more information.**

**14. COVID-19 Vaccine status: First Dose: Yes/No, Date:**

 **Second Dose: Yes/No, Date:**

**“DECLARATION”**

 I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, son/daughter/wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby state that the contents of the application/information furnished are true to my own knowledge and belief and I declare that, I possess the requisite essential qualification and other valid mandatory documents for the post. I understand that in the event of particulars or information given herein being found false or incorrect or misleading, my candidature for the recruitment is liable to be rejected or cancelled even after selection. I understand that this Institution shall not be responsible for any postal delays/ wrong addresses etc.

Yours faithfully,

Signature of the applicant

Name:

Dated: \_\_\_\_\_\_\_\_\_\_\_\_

 **(\*\*\*) kindly enclosed self -attested copies of the relevant documents wherever applicable.**