PARADIP PORT TRUST ADMINISTRATIVE DEPARTMENT

APPLICATION FOR THE POST OF: ASSISTANT ENGINEER (CIVIL)

Affix Passport size Photograph

1.	Name of the Candidate (in Block	:	
1.	letters)		
2.	Father's/Husband's Name	:	
•			
3.	Date of Birth (dd/mm/yyyy)	:	
4.	Age as on 01.10.2018	:	
5.	Permanent Address (with pin code)	:	_
6.	Address for correspondence (with pin code)	:	_
7.	E-mail address, phone numbers (office, residence & mobile) along with fax no. if any		
8.	Nationality	:	
9.	Religion	:	
10.	Whether belong to Minority /Community, if yes, please specify.		
11.	Category	:	
12.	Gender	:	
13.	If physically handicapped, sub Category of PH	:	
14.	Marital Status	•	

duly signed, if the space	_			ation onward	is (Eliciose a	a separate snee
Sl. No.	(1)	(2)	(3)	(4)		(5)
a) Examination passed	<u> </u>					(-)
b) Year of passing						
c) Name of College/ Institute						
d) University/ Board						
e) Main subjects						
f) Total aggregate percentage of marks obtained/ division/ etc.						
16. Details of experie order). (Enclose a signed, if the space	separate	sheet, d	uly			
Sl. No.		(1)	(2)	(3)	(4)	(5)
a) Name of organization						
b) Post held with dates						
	From					
	То					
c) Brief description of duties	f					
d) Details of experience						
e) Scale of pay f) Total Salary						
17. Details of compute known and applicat 18. Additional information would like to me suitability for the things may provide to (i) additional according to the professional training over and above a separate sheet, dusignatures, if the sp	ion Softwation, if ntion in post (The informate ademic quertisen ly authernate authernat	are used any, whi support on the support on the support of the sup	ch you of your g other regard ons, (ii) perience close a			
19. Language known understand)			ak and :			

DECLARATION

	I her	eby solemnl	y decl	are and undert	ake that all	inforr	nation	furnis	hed by me is	true,
correct	and	complete to	the be	est of my knov	vledge and l	belief.	I also	under	take that, if at	any
stage	of	selection,	the	information	furnished	is	false	or	misleading,	my
candida	ature/	appointment	/servic	es will stand c	ancelled/terr	ninate	d with	out ass	igning any rea	sons
there fo	or.									

Date:	Signature:
Place:	Name :

Note: Self attested copies of documents in support of educational qualification and experience must be enclosed. Application will not be considered without self attested copies of all supporting documents.