

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 Candidat	e :				_	Ĩ	
2.	. Permanent Address :						pas	Paste recent passport sixe	
					·		ph	notograph	
3.	Date of B	irth and Age	as on 01.01.201	7:					
4.	Name of	the post bein	g applied for:						
	Sl no			Name of Pos	L		Location	Tick only one	
	1	Assistant M	lanager						
5.			starting with cur	2011 JP					
Name of the Employer		From:	То:	Designation		Nature of work			
6.	Pre-req	uisite qualifi	cations for the p	ost (<i>starting f</i> r	om the highest degree obto	nined)			

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



Name of the

Course/Training

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Duration of the course

To:

From:

Grade/Division

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

Name of the institution

8. Releva	ant experience fo	or the post being	applied for :			
9. Addre	ss for Communic					
10. Contac						,
I.	E-mail ID		1			-55
II.	Mobile		¥			
III.	Telephone Nu	mber	1			
Declaratio	on:					
understar	100 100 100 100 100 100 100 100 100 100					of my knowledge.
recruitme	ent process.					
Dated						
Place	2 · 3 2 · 3			j	(Signature of tl	ne Candidate)



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