

**Application for Appointment as Disaster Management Professional in the
District Disaster Management Authority (DDMA)**

Application
No.....

Passport
Photo

1. Name:.....
2. Father's/Mother's Name:.....
3. Date of Birth:.....(enclosed age proof certificate)
4. Gender:.....
5. Mailing address (with Tel./ Mob. No. and E-mail address)

.....
.....

Phone No.....E-mail.....

6. Permanent Address:

7. Educational Qualification: (Graduation onwards)(Furnish attested certificates)

Sl No.	Course	Subject	University/ Institute	Year of Passing	Percentage/ Division/class
1					
2					
3					
4					
5					
6					

8. No of years of Work Experience:.....Years (furnish details in below)

Sl No.	Organization/Institute	Period		Nature of work	Remarks
		From	To		
1					
2					
3					
4					

(Use separate sheet also for more details)

9. Reference (Related to work):
 - (i) Sri/Smt...../Phone No.....
 - (ii) Sri/Smt...../Phone No.....

DECLARATION: The information contained in this application form is true, correct and complete. I understand that any misrepresentation may invalidate my application / employment arrangements.

(Signature)
Date.....
