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**APPLICATION FORMAT FOR:  
(District Consultant)**

**AFFIX YOUR  
RESENT  
PASSPORT  
SIZE PHOTO**

APPLICATION FORMAT FOR THE POSTS OF SLWM CONSULTANT

**NAME:** \_\_\_\_\_

**DATE OF BIRTH (dd/mm/yy):** \_\_\_\_\_ **AGE** \_\_\_\_\_  
(SSLC marks card to be enclosed for age proof)

**PERMANENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS FOR COMMUNICATION:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT NO: PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL ID:** \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS:**

SL. NO.	QUALIFICATION	SEMESTER / YEAR	YEAR OF PASSING	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS

**EXPERIENCE:**

SL. NO.	ORGANISATION*	DESIGNATION	HR CONTACT NO.	DURATIONS		TOTAL EXPERIENCE	
				FROM	TO	YEAR	MONTHS

\* A brief note on every organization shall be given, such as No. of years of establishment, No of employees on roll, Industry in which the organization is performing, turn over, etc., in resume.

**REFERENCES:**

SL. NO.	NAME	ADDRESS	CONTACT NO.

**ACHIEVEMENTS & HONOURS:**

- 1.
- 2.

**Note: Enclosed self attested**

- a) Detailed Resume.
- b) Marks cards of all semesters.
- c) Educational qualifications certificates.
- d) Experience certificates.

**SIGNATURE OF THE CANDIDATE**