

**FORMAT OF APPLICATION FOR APPOINTMENT TO THE POST OF
DIRECTOR (Projects), WBSETCL**

| | | | | | | |
|-----|--|--------------------------|--------|----|---------------|------------------|
| 01. | NAME IN FULL (IN BLOCK LETTERS) | | | | | |
| 02. | FATHER'S NAME | | | | | |
| 03. | DATE OF BIRTH | | | | | |
| 04. | AGE AS ON 01.10.2021 | | | | | |
| 05. | NATIONALITY | | | | | |
| 06. | FULL OFFICE ADDRESS WITH TELEPHONE NO./MOBILE NO. | | | | | |
| 07. | FULL RESIDENTIAL ADDRESS WITH TELEPHONE NO./MOBILE NO. | | | | | |
| 08. | EMAIL ID | | | | | |
| 09. | EDUCATIONAL QUALIFICATION: A. ACADEMIC B. PROFESSIONAL (IF ANY) | | | | | |
| 10. | TOTAL EXPERIENCE (IN YEARS) | | | | | |
| 11. | NAME OF THE PRESENT EMPLOYER | | | | | |
| 12. | PRESENT DESIGNATION | | | | | |
| 13. | PRESENT EMOLUMENTS: BASIC PAY: DEARNESS PAY/ALLOWANCES: SPECIAL PAY, IF ANY: HRA: ANY OTHER ALLOWANCES: TOTAL: | | | | | |
| 14. | EXPERIENCE: DETAILS OF THE POST HELD FROM TIME TO TIME DURING LAST 10 YEARS | | | | | |
| | POST HELD & SCALE OF PAY | NAME OF THE ORGANISATION | PERIOD | | NATURE OF JOB | TOTAL EXPERIENCE |
| | | | FROM | TO | | |
| | | | | | | |

I declare that the above information on furnished is true to the best of my knowledge.

Date:
Place:

Signature