

**MEGHALAYA ADMINISTRATIVE TRAINING INSTITUTE
APPLICATION FORM**



Instructions:

1. Please fill the form using a ball point pen.
2. Use block letters only.
3. Please read the advertisement for the post in question before filling in the form.

1. Advertisement No and Date:

2. Name of the Post applied for:

Affix latest
photograph of size
3.5 cm x 4.5 cm. by
using gum only

3. Name in full

4. Date of Birth ____/____/____ (dd/mm/yyyy) 5. Sex (Male /Female)

6. Father's/Mother's Name

7. Father's/Mother's Occupation

8. Present Address in full with Pin code

(This address will be used for communication)

9. Phone No. (Mobile/Landline with STD code)

10. E-mail

11. Permanent Address in full with Pin code

12. Are you a citizen of India? (Yes/No)

13. Are you a resident of Meghalaya? (Yes/No)

14. Are you a member of SC/ST/OBC?

If yes, indicate the Caste/Tribe

15. Are you a person with disabilities?

Yes/No

If yes, specify details

☐

Visually disabled

☐

Hearing disabled

☐

Orthopaedically disabled

☐

Others (Please specify)

16. Educational Qualifications (starting from the latest qualification till twelfth). Please enclose separate sheet, if required, duly authenticated by your signature.

Sl. No.	Name of Institution and Address	Board/ University	Examination Passed	Year of Passing	Subjects	Division	Percentage Obtained

17. Additional Qualifications, if any: _____

18. Details of Work Experience (starting from the latest position). Please attach separate sheet, if required, duly authenticated by your signature.

Organization	Type of Organization (Govt./Semi-govt./PSU/Private/others)	Post held	From (in dd/mm/yyyy)	To (in dd/mm/yyyy)	Kind of employment (Permanent/Adhoc/Casual/Contractual)	Nature of duties

19. Are you debarred from applying for any Govt. post? (Yes / No)

If yes, please give details: _____

20. Place of Birth:

Village/Town _____ Police Station _____ District _____
State _____

Declaration:
I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I also understand that my candidature is liable to be cancelled in case of any false statement.

Date: _____

Signature of Candidate
