



सिटी मैनेजर्स एसोसिएशन, मध्य प्रदेश
City Manager's Association, Madhya Pradesh

APPLICATION FORM

Please affix recent
passport photo

Post Applied For: _____

Full Name: Mr. /Ms. _____

Address for Communication

Permanent Address. (Native Place)

City: _____		Pin Code: _____	
Mobile no: _____		City: _____ Pin Code: _____	
Email: _____		Emergency Contact no: _____	

Date of Birth: (dd/mm/yyyy): ____ / ____ / ____ Blood Group: _____ Caste: _____

ID Proof Name & No: _____ Father's/Husband Name: _____

Educational Qualifications : (Please attach extra sheet if rows are short to mention Educational Qualifications.)

Examination Passed	Degree/ Diploma	Roll No	Month & Year of Passing	Board/ University	Name of School /College (City & State)	% of Marks
10th	--					
12th	--					
Graduation						
PGDCA						
Post Graduation						
Others (Plz Specify)						
Others (Plz Specify)						

Work Experience: (Please attach extra sheet if rows are short to mention work experience.)

Name & Location of Employer	Designation	Job Description	From Date	To Date	Monthly Gross salary	Reasons for leaving

I hereby declare that the information and particulars furnished above are true. I further declare that if any of the above particulars or information is found by the organization to be false in any respect whatsoever the company will have the right to terminate my appointment without notice or salary in lieu thereof.

Date : ____/____/____

Place : _____

(Signature of the Candidate)