File No. DDM-12014/4/2021---DIRECTORATE OF DISASTER MANAGEMENT (Computer No. 12369) 582872/2023/O/o DDM

PROFORMA FOR THE POST OF OPERATOR

		Pa	ssport S	Size P	hoto
1	Advertisement No. and Post applied for	:			
2	Name [in block letters]	:			
3	Date of Birth	:			
4	Nationality	:			
5	Father's/Spouse's name	:			
6	Present Address	:			
7	Permanent Address	:			
8	Email Id				
9	Mobile No				
10	Educational qualifications	Class X Class XII Graduation Others	Year of Passin		Percentage (%)
11	Work experience directly relevant to the post	Name of Organization	1	Num	ber of Years

Documents required (Self Attested):

- 1. Two numbers of pass photo
- 2. Caste Certificate
- 3. Birth Certificate
- 4. Permanent Resident Certificate
- 5. Educational Qualification
- 6. Work Experience

Declaration: I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may summarily be rejected, or employment terminated.

(Signature of the applicant)