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| **DIRECTORATE OF MUNICIPAL ADMINSIRTATION****9th & 10th Floor, V. V Tower, Ambedkar Veedhi, Bangalore** |
| **Sl. No.** | **Details**  |
| 1 | Post Applied For |  |
| 2 | Name of the Candidate |  |
| 3 | The Cadre or Equivalent Cadre of the post worked/working (Group-A or Above) |  |
| 4 | Address |  |
| 5 | Phone No. |  |
| 6 | Email ID |  |
| 7 | Qualification1. Minimum Qualification As per Notification
2. Additional Qualification if any
 |  |
| 8 | Work Experience |  |
| 9 | Presently if you are working, Designation and Address |  |

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that the above information and testimonials submitted are true to the best of my knowledge and abide by the rules and regulations of the DMA. I accept the decision of Director, DMA in respect of notification whatsoever.

Date: Signature of the Candidate

Place: