Maharashtra State Rural Livelihoods Mission (MSRLM) State Mission Management Unit (SMMU) Application Form for Individual Consultant - (Please specify position)

To, The Chief Executive Officer, Maharashtra State Rural Livelihoods Mission 5th Floor ,CIDCO Bhavan ,Southwing , CBD, Belapur, Navi Mumbai- 400 614

Latest Passport
Size photograph of
applicant self
attested

Subject Application for Individual consultant - (Please specify position)

SECTION	Α

1. Applicant Details

Name (first-middle-last)				
Date of birth (dd-mm-yyyy)				
Age as on 1/06/2018				
Place of birth				
Gender	[] Male	[] Female		
Permanent address				
	Tel. No.:		Mobile No.:	
Current address (If different				
than permanent address)				
	Tel. No.:		Mobile No.:	
Fmail ID				

2. Notice period required in current Job

Earliest date you can join	No. of days notice required	

SECTION - B

1. Educational Details (From S.S.C. onwards)

Sr. No.	College/ Institute	University / Board	Qualification	Mark %	Year of passing	Subjects/ Specialization

2. Other Courses / Additional Qualification

Sr.	Title of the course / qualification	Institute / University	Part Time/	Duration & Year of
No.	/ award		Full Time	passing

3. Workshops & Trainings Attended

Sr.	Name of the Program	Conducted by	Duration	Year
No.				

SECTION C

1. Nature of present employment: - (contract /permanent)

2. Work Experience Details

Sr.	Name of	Joining	Leaving	Total	Position	Please write the detailed
No.	Organization	date	date	Experience	held	Role & Responsibilities
				in Years,		handled.
				Month and		Use additional papers if
				Days		required
	. Total work Exp					
E	3. Relevant work	experienc	.e	Years		onths

	B. Relevant work experiencefearsmonths
4.	Please write why you find yourself suitable for this position in maximum 200 words:

5. Details of the current / last employment:

Current/Last Employer Place	Per month Salary in Rs.	Annual Salary in Rs.

1. Languages Known:

Sr. No.	Languages	Speak	Read	Write
1	English			
2	Marathi			
3	Hindi			
4	Any Other			

Please mention fluency level (Very Good/Good/Poor)

	Curricular Activities / Interests	
Memb	pership with professional organizations, In	xe to mention: (Research papers, Publications, ternational exposure etc)
	outer Skills Details:	
(1)		
(2)		
(3)		
5. Refe	rences:	
Sr. No	. Name	Contact No.and email id
1.		
2.		
knowle		bove information is valid and accurate to the best of my
Date: Place:		Applicant Signature
Note: 1. 2. 3. 4.	Application along with self-attested require superscripted as APPLICATION FOR POST Of Incomplete applications shall not be rejected	ed documents (copies) should be send in sealed envelope FINDIVIDUAL CONSULTANT - Please specify position

- communication shall be made.

 5. Applications received after due date for whatever reason shall not be accepted.

 6. Last date for submission of applications is 21st August 2018 up to 5 PM.