

BHAGALPUR SMART CITY LIMITED

APPLICATION FORM

Advertisement No: -

1.	Name of the Post Applied for	:	
2.	Name of Applicant	:	
3.	Father's / Husband's Name	:	Self-Signed Photo
4.	Date of Birth	: DateMonthYear	
5.	As on 31-03-2023	: YearMonthDay	
6.	Category	: UR/BC/EBC/SC/ST:	
7.	Nationality	:	
8.	Gender	: 🔲 MALE 🔲 FEMALE	
9.	Marital Status	:	
10.	Contact No. (telephone)	:	
	Mobile No. (Mandatory)	:	
11.	Email Id (Mandatory)	:	
12.	Address (With Pin Code)		
	A. Permanent:		
	B. Correspondence:		

13. Qualification: (Attach Self Attested Photocopy)

Sr. No.	Name of University / Board	% of Marks obtained	Year of passing	Remarks
1.				
2.				
3.				
4.				
5.				

14. Details of Experience: (Attach Self Attested photo copy)

The Candidate are advised to type relevant entries in the table below as per requirement:

Sr.	Name of Institute / Organization	Post held	Period		Job Responsibility	Years of Experience*
No.			From	to	· ·	•
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*Separate sheets can be used if required.

15. Any special qualification/experience regarding post applied for:

16. Professional Membership(s) if any :

- 17. Last Salary drawn
- 18. Whether involved in any criminal case / Lawsuit at any time? If yes, please give current status.
- 19. Please give your views about the following two Statements
 - i) I want to Join in Bhagalpur Smart City Limited because

:

ii) How Would you co	ntribute to Bhagalpur Smart	City Limited growth?
20. RTGS/NEFT/IMPS Details	(if applicable): -	
Bank Name	Branch Name	
Amount in Rs	Date	D.D. no
21. List of Attached Documents	8 –	
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		
(h)		
(i)		
(j)		
(k)		
(I)		

DECLARATION

I hereby declare that statements made by me in this form are true and correct to the best of my knowledge. At any point of time, if it is found that I have concealed any information or if the information furnished above is found to be false, my candidature / appointment shall be terminated without any notice and appropriate legal action could be initiated against me.

Place: _____

Date:

Signature of the Applicant