



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)