



# Goa State Infrastructure Development Corp. Ltd

## STAFF APPLICATION

Please affix  
your recent  
Photograph  
here.

**Applicant's Name:** \_\_\_\_\_

**Position Applied for:** Assistant Manager (Civil)

**Full Name in Block Letters:**

Mr. / Ms.

(FIRST NAME)

(MIDDLE NAME)

(SURNAME)

<u>Present Address</u>	<u>Permanent Address</u>
Telephone No. _____	Telephone No. _____

<b>Age</b>	<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Nationality</b>	<b>Marital Status</b>	<b>Sex</b>

<b>Height</b>	<b>Weight</b>	<b>Residing in Goa</b>	<b>Employment Exchange No.</b>	<b>Email Id</b>

**Family Details**

<b>Relation</b>	<b>Name</b>	<b>Age</b>	<b>Education</b>	<b>Employment</b>
Father				
Mother				
Spouse				
Children				
Sibling				

**Particulars of relatives / friends employed in our Corporation, if any:**

<b>Name</b>	<b>Relationship</b>	<b>Department</b>	<b>Position</b>

**Particulars of previous application for employment in the past, if any:**

Date of application	Post applied for	Interview date	Outcome

Language known (Please tick)	Can Speak	Can Read	Can Write
English			
Konkani			
Marathi			
Hindi			

**Education**

Name of examination	School / College / University/ Institution	Year (mm/yyyy)		Examination passed and major subjects	Div/Class with % of marks)	Ranks/Medals or other achievements
		From	To			
X Std						
XII Std						
<b>B.E/ Diploma</b>						
Year/Semester						
Year/Semester						
Year/Semester						
Year/Semester						
<b>Post -Graduation</b>						
Year/Semester						
Year/Semester						
<b>Others</b>						

**Computer Certificate Course**

Name of Course	Month & Year of Passing	Name of Institution	Principle Subjects Studied
Certificate Course			
Post Graduate Diploma			

**Training (Specialized / Technical/Behavioral Training Undergone) :**

Name & address of training Institution / Employer	Particulars of Training	Period of Training		Certificate obtained
		From	To	

**Work Experience(In Chronological Order):**

May attach a Resume

Name & address of Employer	Last position held & main responsibilities	Date of Joining	Date of Leaving	Reason for leaving	State clearly last salary & perquisites

**Special Type of Experience**

Sr. No.	Details of Specific Work Executed	Name, Place and Description of Work
1.	Bridges	
2.	Buildings	
3.	Roads	
4.	Public Health Engineering	
5.	Social Infrastructure	
6.	Structural Design	

**Significant Achievements in Life:**

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**Any Other Information:**

Any additional information about yourself which you feel will be helpful to us in considering application for employment with us :

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<b>If Selected when you can join our Corporation</b>	
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I hereby certify that all the information provided above is true and correct to the best of my knowledge. Any false or misleading information provided on this form or any other document may result in the employment being terminated.

Place:

Date:

Signature:

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