**OFFICE OF THE DFO-CUM-DMU CHIEF,**

**DHENKANAL FOREST DIVISION**

**AT: GANESH BAZAR, P.O/DIST: DHENKANAL - 759001**

**Tel-06762226717,** **E-mail-dmuchiefdkl@gmail.com**

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**APPLICATION FORM**

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| **Post applied for:**(Note: Attach Bank Draft with Application Form and relevant documents) |  | Attach a self attested photograph(3cm X4cm) |
| **1. First Name:** | **Last Name:** |
| **2. Date of Birth:**(Certificate of proof to be attached) | **3. Sex** |
| **4. Present Contact Address:****6. Permanent Contact Address:** | **5. Permanent Telephone No: (STD Code) Number**  |
| **7. Present Telephone No:****(STD Code)****Office Number:-** |
| **8. Email Id:** | **9. Mobile No:** |
| **10. Computer Literacy:**Mention all software(s) known/used |  |
| **11. Education: High School onwards, please list all your qualifications**  |  |
| **Degree** | **Institute/ Board** | **Year** | **Division/ Marks(%)** | **Subjects** | **Full/ Part time / Distance learning** |
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| **12. Employment Record:** |
| Total years of post qualification experience: |
| Years of experience in Government : |
| **13. Level of Proficiency in computers**  |
| **MS Office Program**  | **Ability to use** |
|  | **Poor** | **Fair** | **Good** |
| MS WORD |  |  |  |
| MS POWER POINT |  |  |  |
| MS EXCEL  |  |  |  |
| MS ACCESS  |  |  |  |
| Other (Please specify) |  |  |  |

**14. Employment History(Use separate sheets if required)**

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| **Starting with your present employment, list in reverse order all the employments you have had in the below format**  |
| **Organization and project name** | **Designation** | **Tenure of Engagement** (from …….to…..) | **Level of engagement** (State/ District/ Block) | **Type of projects associated** |
| Government sector or others | External Aided or not. If yes, name of Donor organisation | Nature of works by the applicant |
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| **15. Current Employment**  |
| Name of the organization  |  |
| Since when working (From…………………….. to…………………… |  |
| Monthly Emolument including all allowances  |  |

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| **16. Medical History:** Please give details of major health disabilities (covering congenital disorders, physical or mental disabilities of any sort, cardiac or pulmonary disorders etc.): |
| **17. Joining Time:** Please confirm your ability to relocate/ be at OFSDS Head Office and Join with one month of selection. In case of any constraint- please elaborate in the space provided:**In case of already employed person(s), NOC form present employer is to be attached.**  |

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| **18. Language Proficiency:** Please confirm oral and written proficiency in languages known to you. Your assessment shall be tested at a later stage: |
| **Language**  | **Ability to converse** | **Ability to read** | **Ability to write** |
| **Poor** | **Fair** | **Good** | **Poor** | **Fair** | **Good** | **Poor** | **Fair** | **Good** |
| **English**  |  |  |  |  |  |  |  |  |  |
| **Hindi**  |  |  |  |  |  |  |  |  |  |
| **Oriya**  |  |  |  |  |  |  |  |  |  |
| **Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_)** |  |  |  |  |  |  |  |  |  |

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| **19. Explain why do you consider that you are suitable for the position applied for** (Within 200 words and may use separate sheet for the same) |

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| **20. Referees:** Two persons to whom you have reported professionally in the recent past whom we can immediately approach for a reference |
|  | **Referee-1** | **Referee-2** |
| **Name :** |  |  |
| Address: |  |  |
| Telephone/ Cell No: |  |  |
| Organization: |  |  |
| Designation: |  |  |
| Your professional Relationship with the referee: |  |  |
| **Place:****Date: *Signature of the Applicant*** |