Urban Development Directorate, Uttarakhand

Ad	vertisement no:											Dat	ted:					
1.	SCHEME/MISSION APPLIED FOR		Swachh Bharat Mission-Urban 2.0 (NAMASTE)										РНОТО					
2.	POST APPLIED FOR																	
3.												L						
	Full Name (in block letter)																	
4.	Date of Birth				N 4					,								
	Date of Birth	D	D		M	M	Y	Y	1		Y		Age as on 01.07.2025					
5.																		
•	Gender																	
6.																		
	Nationality																	
7.						1												
	Father's / Husband's Name																	
8.																		
٥.	Mother 's Name																	
9.																		
	Address for Correspondence																	

10	•																	
	Permanent Address																	
11	•		1	Mobi	ile													
	Telephone No:-			Landline														
				(with STD)														
				E-Ma	il													
12																		
	Details of Education	1										tion/	onwards)					
	Examination		niversity/Board/				Yea	ar of	[Division			Subjects					
	Passed	Institu	Institution/Council o Examination			of	f Passing			/Grade								
		E																
13	1								l									
	Details of previou	s/curre	nt (emplo	ymen	t? (Give	part	icul	ars	belov	w:-						
	Name of Period of Service				/ice	Designation					Nature of			Total Monthly				
	Organization From From From From From From From From								Duties				Emoluments					
				om To						Performed								
	(Additional Sheets	may be	en	closed	for c	oth	er de	tails	of	Ехре	erien	ces)						
	Note: (Please also	o attach) yc	our late	est de	etai	led (CV)										
14																		
	If Selected, specif	y your r	nin	imum														
	joining time																	

15. Languages Known (Mark in appropriate category)

b. Hindi (Read) (Write) (Speak)

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and understand that in the event of any information found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirement of the relevant advertisement my Candidature can be Cancelled, even after my appointment.

I undertake to abide by all the terms and conditions mentioned in the advertisement given by the department.

Place:		
		Signature of Candidate
Date:		
	Name:-	