## WASMO

3rd Floor, Jalseva Bhavan, Sector 10A, Gandhinagar-382010

Telephone 079 23247170 / 71 Fax 079 23247485 email wasmo@wasmo.org

Website: http://www.wasmo.org

## **Application Form**

Photograph

Please type or print your answer to each question clearly and completely. Do not write in shaded areas.

Read and follow carefully all the directions given.

•	If you want, download & fill the form by blank ink and send by post.																		
1.	Family Name (Last name)	amily Name (Last name) First Name									Middle N	Name							
2.	Permanent Address (City/State)																		
														Home	Telepho	ne Numbe	rs		1
							Pin	Coc	de					Other					-
3.	Contact Address (City/State)																		_
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4.	Gender 5. Height		6.	Weight			7.	Maı	rital Stat	us									
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8.	Date of Birth  DD MM YYYY		9.	Place o	f Birth	1									10.	Citizenship	)		7
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11.	Beginning with your native language, ent Language	er all lan	guages	you kno	w. Pl	lease in Reading	dicate yo	ur p	oroficienc	y by ma Writing	arking the	e app	oropriate ?	box. Speakin	g	U	nderstan	ding	
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12	EDUCATION: (Please give full details)																		
Α.	Schools or other formal training from age	14 (e.g.	High So	chool, te	chnic Perio	al scho	ol or app endance	rent	ticeship)										
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i. L	List significant publications you have written. (Do not attach)																
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'. H	ave yo	u previo	ously submitted	an applic	ation in V	VASMO?	If "Yes", indica	ate da	ate.	Yes		No		DD	ММ	YYYY	
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22.	Do you have physical defects or disabilities?											
	Yes		No		f "Yes", please specify:							
23.	Have yo	u ever suffei	red from	any serio	us nervous disorders or co	ntagious dise	eases?					
	Yes		No		f "Yes", give details.							
24.	4. What approximate starting salary will be acceptable to you for the position you have in mind?											
					per month							
25.	If your s	ervices are r	equired	at the ea	liest possible time, how so	on will you be	e available to start work aft	ter being found suitable and physically fit for employment?				
		Immediate	ely		Week's Time		Other (Please specify)					
26.	I certify	that the state	ements r	nade by	me in answer to the foregoi	ng questions	are true, complete and co	orrect to the best of my knowledge and belief. Permission is given to				
	WASMO to make such investigations as are necessary on the information given above. I understand that any misrepresentation or material omission made herein or in any other document requested by WASMO renders a staff member liable to termination of service or dismissal.											
	Date:					Signature:	:					

N.B. Please send your Carriculum Vitae along with this format and self attested copies of your relevant document as stated above.