

Application form

To,
The Chairman
Nashik Municipal Smart City Development Corporation Ltd
C/O Nashik Municipal Corporation
Rajiv Gandhi Bhavan
Purandare colony, Sharanpur road
Nashik- 422002

1.	Proposed Position				
2	Applied as (Please specify whether applied for Contract or Deputation)				
3.	Name				
4	Address				
5	Date of Birth		Nationality		
5	Education qualification	Degrees	Name of University / Institution	Year of passing	
6	Languages Known		Speaking	Reading	Writing
7	Countries of Work Experience				
8	Employment Record (Add all employment records in similar format)				
	Employer	From	To	Position held	
	1				
	2				
9	Years of Experience				



Nashik Municipal Smart City Development Corporation Ltd.

CIN: U93090MH2016SGC285193

Registered Office: C\o Nashik Municipal Corporation, Rajiv Gandhi Bhavan,
Purandare colony, Sharanpur, Nashik – 422002

E-mail: smartcitynsk@gmail.com;commissionernmc@gmail.com

10	Experience (Give details of all projects in similar format)																							
	<table border="1"> <thead> <tr> <th style="text-align: center;">Name of assignment or project:</th> <th style="text-align: center;">Year</th> <th style="text-align: center;">Location</th> <th style="text-align: center;">Client</th> <th style="text-align: center;">Main project features</th> <th style="text-align: center;">Positions held</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name of assignment or project:	Year	Location	Client	Main project features	Positions held	1						2					
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1																								
2																								
10	<p>Certification: I, the undersigned, certify that to the best of my knowledge and belief, this application form correctly describes me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.</p> <p>Date:</p> <p>Sign</p>																							