



PRESCRIBED FORMAT OF APPLICATION



Prescribed Application format for vacant pots under the MRDS for implementing the Livelihood Improvement Project for the Himalayas (LIPH), a joint development Project of IFAD and Government of Meghalaya.

Attach recent photograph	PERSONAL HISTORY FORM				Date received (For Office Use only)										
		INSTRUCTIONS. Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. Return under sealed cover to Project Director, MRDS-LIFCOM Cleve Colony, Near Directorate of Agriculture, Laitumkrah, Shillong-793003													
Indicate Vacancy Code:	Indicate Post title:				What duration of employment interests you <input type="checkbox"/> Indefinite <input type="checkbox"/> Under one year <input type="checkbox"/> 1-3 years <input type="checkbox"/> Short-term consultancy										
Family/Surname	First name		Middle name		Maiden name (if any)										
(A) Address at which you reside at present (indicate since when)				(B) Permanent residence (if different from A)											
Telephone number:				Telephone number:											
Fax number:				Fax number:											
E-Mail address:				E-Mail address:											
Date of birth (day/month/year)		Place/Country of birth		Nationality now		Previous nationality (if any)									
Dependent's name		Date of birth	Relationship		Dependent's name		Date of birth	Relationship							
Knowledge of languages list mother-tongue first	READ				WRITE				SPEAK				For secretarial/clerical grade only Indicate speed in words per minute		
	Excellent	Good	Fair	Slight	Excellent	Good	Fair	Slight	Excellent	Good	Fair	Slight	Language	Typing	Shorthand
													List office skills		
Computer literacy:															

EDUCATION: Give details in chronological order from Pre Metric level. Include short courses and postgraduate studies in your professional/occupation and related fields.

From	To	Name of school/college/university or equivalent, city/country	Nature of course/studies/specialization	Certificate/Diploma/Degree obtained

EMPLOYMENT RECORD: Starting with your present or most recent post, list in reverse order positions held. Attach additional pages if any.

PRESENT OR MOST RECENT EMPLOYMENT				
Period		Total annual professional income (after tax)		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, (if any)	
Name and address of employer			Name and title of supervisor	
Reason for wishing to change employment				
Description of your duties and responsibilities				

PERSONAL SUMMARY: Please indicate the relevance of your experience and abilities with the Post you are applying for under MRDS / LIPM; what have been the most significant factors in your career to date; your most useful achievements and contributions; any long-term plans for your future development and how employment with MRDS / LIPM fits into them. We would also like you to describe briefly your activities / hobbies outside your job; any professional societies to which you belong, published articles, pamphlets or books of which you are the author; any skills or areas of knowledge which have not been sufficiently highlighted so far and finally any circumstances, disabilities, health problems or reservations which may restrict your transferability, mobility or travel.

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LEGAL CONVICTIONS: If you have ever been found guilty of the violation of any law (other than minor traffic violations), give particulars.

Charge	Date	Where tried	Conviction

What or who was your source of introduction to MRDS / LIPH?	What are your remuneration expectations?
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When are you available to take up a new appointment? Within ten (10) days after receiving appointment order.
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I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of appointment or dismissal if an appointment has been accepted.

Date _____

Signature _____