

GOVERNMENT OF MEGHALAYA MEGHALAYA STATE RURAL LIVELIHOODS SOCIETY



(The Nodal Agency of Govt. of Meghalaya for Implementing NRLM, Ministry of Rural Development, Govt. of India)

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Date:.....

Signature of the Applicant

Application Form

Name	of post applied fo	or:						
Prefe	rence of posting:	1)		2)	3)			
(I)	Personal Pro	file (write in)	hlock	lattare)				
1	Name	me(write iii)	DIOCK	icticisj.				
2	Age							
3	Date of Birth							
		NI						
4	Father's/Mother's	Name						
5	Marital Status Category							
6	(ST/SC/Gen/OBC)							
7	Religion							
8	Address							
9	Contact Number							
	Email ID							
10	Elliali ID							
(II) Academic & a	ny Added Q	ualif	ication (Starting f	rom the l	highest qua	lification):	
Examination Passed			Board/University		Year of Passing	Percentage	Division	
(II	I) Experiences ((Starting fro	m th	e latest job)				
	> Total	years of Exp	erie.	nce:				
Name of the Office/Organisation Designation		n	Nature of work	Date o		Reasons o	of Leaving	
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