

APPLICATION FORM

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To,
The Chairperson,
Kushavati District Mineral Foundation (Trust),
Room No. 30, Ground Floor, Mathany Saldanha Administrative
Complex, Margao, Goa – 403601

1. Name of applicant in full (in Block Letters):-

.....
(First Name) (Middle Name) (Last Name)

2. Name of the post applied for:- APPLICATION FOR THE POST OF

.....

3. Gender:- (Male/Female)

.....

4. Marital Status:-

.....

5. Father's/Husband's Name:-

.....

6. Address for correspondence (Block letters):-

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.....
.....
.....

7. Contact Mobile Number:-

.....

8. Email-ID:

.....

9. Date of Birth (dd/mm/yyyy):-

.....

10. Age as on Date of Advertisement (yy/mm):-

.....

11. Whether residing in Goa for last 15 years (Yes/No).....(If yes, attach valid
Certificate).....

12. Nationality: -

.....

13. Details of Essential Qualifications: -

Sr. No.	Examination Passed	Month & Year of Passing	Grade/ Class/ Division	Name of Board/ University	Marks/Percenta ge Obtained

14. Additional qualifications, if any (other than essential qualifications):-

Sr. No.	Examination Passed	Month & Year of Passing	Grade/ Class/ Division	Name of Board/ University	Marks/Percentage Obtained

15. Languages Known: - (Please tick appropriate column)

Name of Languages	Read	Write	Speak
English			
Konkani			
Marathi			
Hindi			
If other, please specify			

16. Details of Work Experience:-

Sr. No.	Name of the Organisation/Institution/Establishment	Designation of the posts held	Nature of work handled	From	To

Place : _____
Date : / /2026

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject my candidature to be cancelled in the event that the above facts are found to be falsified.

Signature of the Candidate