

Mumbai Port Trust

Application Form

Application for the post of _____ on Contract basis.

Affix pass-
port size
Photograph

1. Name (In block letters) :
2. Address for communication :
3. Permanent address :
4. Telephone/Mobile / E mail Id :
5. Date of Birth (self-attested proof :
to be enclosed)
6. Nationality :
7. Whether belongs to :
SC/ST/OBC
8. Marital status :
(Married/Unmarried)
9. Name of Father/Spouse :
10. Educational/Professional and :
other qualifications.
(Attested certificates to be
enclosed)

Sl. No.	Qualification	Name of Board/ University/ Institution	Duration of course	Year of passing	Percentage of marks obtained

11. (a) Details of present and past employments and experience.

Sl. No.	Name of the organisation	Post held	Annual pay	Period		Field/ sector in which experience gathered	Details of relevant experience
				From	To		

(b) Details of any other :
relevant proficiencies/
skills, if any

12. Please mention details :
of outstanding
achievement, if any,
which was recognized
by higher authority
(enclose necessary
documents)

13. Any other
information desired
to be submitted by
the applicant

14. Contact details of :
Two references
(email & mobile
number)

Declaration

I do hereby declare that the particulars furnished above by me are correct to the best of my knowledge and belief. In the event of any information being found to be false or incorrect, my candidature/appointment may be cancelled/terminated without any notice.

Date :

Place :

(Signature of the Applicant)

CERTIFICATE

(To be given by the Head of Department/Competent Authority)
(In case of applicants employed in Govt/Semi-Govt.
organizations/ PSUs/ Autonomous Bodies/MbPT)

This is to certify that Shri _____ Designation _____, is working in _____ since _____. The particulars furnished by him/her in the above application are verified and found to be correct.

There is no Disciplinary case pending or contemplated against the Applicant. No major/minor penalties have been imposed on the Applicant during his service with our organisation/department.

His/Her integrity is certified and he/she is clear from vigilance angle.

Date :
Place :

HEAD OF DEPARTMENT/
Competent Authority