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Post applied for _____ on fixed term appointment basis for work relating to ‘Project Management Services including Construction Supervision Services for water supply Projects in Gujarat State by Gujarat Water Supply & Sewerage Board (GWSSB), Gandhinagar and Project Management and Construction Supervision services through a Quality and Cost Based Selection (QCBS) process for various Bulk Water Supply Projects in Gujarat State to be implemented by Gujarat Water Infrastructure Limited (GWIL).’

1. Name of Candidate (as recorded in Matriculation or equivalent certificate)

[illegible]

2. Father's Name (as recorded in Matriculation or equivalent certificate)

[illegible]

3. Mother's Name (as recorded in Matriculation or equivalent certificate)

[illegible]

4. Sex

Male		Female	
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5. Religion

6. Marital Status (If married name of spouse)

(Spouse Name & Nationality)

Married		Unmarried		
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7. a). Date of Birth

b). Birth Place/District

c). Birth State/UT

[illegible]

d). Nationality

e). Mother Tongue

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f). Age as on date (31/01/2025): Year_____Months_____Days_____

8. a). Domicile

b). Blood group

c). Identification Marks

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9. Whether belongs to:

SC	ST	OBC	OBC (NCL)	Minority	PWBMD	General
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10. Languages Known:

Language	Read	Write	Speak

11. Academic/Professional Qualifications:

Sr. No.	Name of Examination	Year of Passing	Univ/Board	Subjects	Marks obtained	% of marks

12. Highest qualification acquired in Hindi: _____

13. Training received if any: _____

14. Experience as on 31.01.2025 (Please give details thereof, use separate sheet if required)

Organization	Period		Designation & Description of Duties	Scale of Pay/ Gross Salary
	From	To		

15. Correspondence Address:

PIN.....	Phone.....

16. Permanent Address:

PIN.....	Phone.....

17. PAN:

18. Aadhar No.:

19. Guardian/Emergency Contact No.:

20. Contact Mobile No.:

21. Valid E.Mail ID:

22. Passport No.:

23. Any other information:

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date

Signature