STATE RURAL EMPLOYMENT SOCIETY

220c

MEGHALAYA

The Nodal Agency for Implementation of MGNREGA

FORMAT FOR EXPRESSING INTEREST

1. PLEASE FILL IN BLOCK/ CAPITAL LETTERS						
NAME						
ORGANIZATION/ STUDI	0		1			
DATE OF BIRTH (DD/MM	л/үү)					
CONTACT No.		· /				
Landline:		Mobile phone:				
E-mail ID:		Gender:				
Permanent Address:			Address for Correspondence			
(With pin code)		(with pin code)				
		1.1.1				
Languages known	Read	Write	Speak			

2. EDUCATIONAL QUALIFICATION (along with special courses on Mass Media/ photography)

Qualification	Stream	Year of Passing	University	%marks
Post Graduate				
Graduate				
Higher Secondary				
Secondary				
Diplomas/ subject specialization				

OFFICE ADDRESS: 3rd Floor, Simpli Building, Dhankheti, Shillong-793001, Meghalaya

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3. EXPERIENCE				
Name of institution/ Department/ Production House/ Studio	From (date)	To (date)	Designation	Location
			,	
			h a Marula	
4. Description on exp	eriences s	becific to t	he Work	
5. A brief statement bring through this				ou intend to
bring through this	assignmen	(130 00)	lusy	

OFFICE ADDRESS: 3rd Floor, Simpli Building, Dhankheti, Shillong-793001, Meghalaya