## **KERALA INSTITUTE OF LOCAL ADMINISTRATION PROJECT MANAGEMENT UNIT** KILA REGIONAL CENTRE, KUMARAPURAM, MEDICAL COLLEGE POST, THIRUVANANTHAPURAM –

KILA REGIONAL CENTRE, KUMARAPURAM, MEDICAL COLLEGE POST, THIRUVANANTHAPURAM 695011, email : kilakiifb@kila.ac.in

Roll No:

(For Office use)

APPLICATION FORM FOR THE POST OF					
ENGINEERING CONSULTANT - CIVIL					
Name					Affix your recent passport size photograph
Date of Birth	d d m m	у у у у			
Sex		Female	Transgender		
Address	Permanent	Address	Communic	ation Address	
District Mobile Email					
Caste	General	SC	ST	OBC	
Educational Qualification	Course	Subject	University/Institut	ion Year of passing	% of marks
	Graduation				
	Any other Degree/Diploma()				
Computer Knowledge					
	Word processing Spread			Presentation	
	Autocad	Internet & em	ail knowledge	Any other (	)
Job Experience	Post Held		Period	Organisation	
Languages known Malayala Englis Hind Kannad Tami Other m h i a I					

Any other information

## Declaration

I agree that the information provided is correct and complete to the best of my knowledge and belief, nothing has been concealed/distorted. If I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated.

Place : .....

Date :....

Signature of candidate