Project Management Unit (PMU)

Coding And Robotics Education in Schools (CARES) Scheme

Directorate of Technical Education, Porvorim Goa 403 521

APPLICATION FORM

Applicants Photograph

1. **Advertisement No.: 2024/02** [Re-Advertisement of Advertisement No. 2024/01]

   Position Applied for:

2. **Applicant's Personal Details:**

Full Name	
Father's Name	
Mother's Name	
Date of Birth	*as per (dd-mm-yyyy) format*
Gender	
Nationality	

3. **Contact Details:**

House No./ Name	
Locality	
Ward Name	
Village/ Town	
Taluka	
State	
District	
Pincode	
Mobile No (**Mandatory**)	
Email ID (**Mandatory**)	

4. **Educational Qualifications** (*from SSC onwards till highest qualification*):

Sr. No.	Exam Passed	Name of the Board/ University	Month & Year of Passing	Grade/ Class	Max. Marks	Total Marks Scored	% of Marks

5. **Experience Details:**

Sr. No.	Name of the Organization/ Institution	Designation	Worked From (date in dd-mm-yyyy) format	Worked To (date in dd-mm-yyyy) format	Roles/ Responsibilities	Experience in "Number of Years, number of months, number of days"

6. **Do you possess valid Residence Certificate of the State of Goa for the last 15 years issued by the competent authority, as on last date for submission of application (Yes/ No)** *(please attach Residence Certificate)***:**

7. **Languages Known** *(Please indicate Yes/ No)*:
   English:
   Konkani:
   Marathi:

8. **Certificates Attached:**

Sr. No.	Certificate Description

9. **Declaration:**

I hereby declare that all contents entered in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or ineligibility being detected before or after the selection, my application is liable to be rejected. Action can be taken against me by the Government under applicable rules as amended from time to time. I have read the instructions carefully and hereby undertake to abide by them. I further declare that I fulfil all the eligibility conditions, wherever applicable, prescribed for the position.

Date: Applicant's Signature:

Place: Applicants Name: