## State Disaster Management Authority, Uttarakhand

## APPLICATION FORM FOR ENGAGEMENT FOR THE POST OF STATE COORDINATOR

| 1.       | Advertisement No.                                                                       |   |                                                              |
|----------|-----------------------------------------------------------------------------------------|---|--------------------------------------------------------------|
| 2. (8    | a) Name of post applied:                                                                |   | Affix a recent passport size photograph duly attested by the |
| 2. (I    | o) Period required to join if selected                                                  | : | candidate                                                    |
| 3.<br>4. | Name in full (in capital letters) Father's/Husband's name                               |   |                                                              |
| 5.       | Date of birth (DD/MM/YYYY): Place of birth: Age as on the date of application:          |   |                                                              |
| 6.       | Nationality                                                                             |   |                                                              |
| 7.       | Sex                                                                                     |   |                                                              |
| 8.       | Email id (mandatory as all future communication will be on this email id))              |   |                                                              |
|          | Contact Mobile Number (mandatory as all future communication will be on this email id)) |   |                                                              |
| 9.       | Postal address for communication with PINCODE                                           |   |                                                              |
| 10.      | Permanent address with PINCODE                                                          |   |                                                              |
|          |                                                                                         |   |                                                              |

| 11. | Have you ever been convicted by   | Yes / No                                       |
|-----|-----------------------------------|------------------------------------------------|
|     | a Court of Law or is there any    |                                                |
|     | criminal case/disciplinary action |                                                |
|     | pending against you?              |                                                |
|     |                                   |                                                |
|     |                                   | If YES please give details in separate sheets. |

12. Educational/Professional and Technical Qualifications (Starting from class 10) **Do not attach any copies/originals, they would be required at the time of interview/ verification:** 

|     | copies of grands, they would be required at the of interview vermedian. |                  |          |             |         |           | 0              |
|-----|-------------------------------------------------------------------------|------------------|----------|-------------|---------|-----------|----------------|
| SI. | Examination Passed                                                      | Name of the      | Regular  | Duration of | Year of | CGPA/% of | Specialization |
|     |                                                                         | Board/University | /Private | Degree/     | Passing | Marks &   |                |
|     |                                                                         |                  |          | Diploma/    |         | Division/ |                |
|     |                                                                         |                  |          | Dipiolila   |         |           |                |
|     |                                                                         |                  |          | Training    |         | Class     |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |
|     |                                                                         |                  |          |             |         |           |                |

13. Details of employment in reverse chronological order (Attach separate sheet, if necessary).

| SI. | Department / Organization | Post held | Regular/<br>Temporary<br>/Permanent/<br>Contract | Period of<br>employment |    | Key Job                     | Scale of Pay /         |
|-----|---------------------------|-----------|--------------------------------------------------|-------------------------|----|-----------------------------|------------------------|
|     |                           |           |                                                  | From                    | То | Key Job<br>Responsibilities | Consolidated<br>Salary |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |
|     |                           |           |                                                  |                         |    |                             |                        |

| 14.       | Pay in the Pay Band and G<br>pay scale, and total emo<br>currently / last held: |             |      |         |       |
|-----------|---------------------------------------------------------------------------------|-------------|------|---------|-------|
| 15.       | Are you a member of any yes, give details:                                      | ody? If     |      |         |       |
| 16. Refer | ences:                                                                          |             |      |         |       |
| (i)       | Name:<br>Designation &<br>Organisation:<br>Postal address:                      |             |      |         |       |
|           | Phone number                                                                    | Landline:   |      | Mobile: |       |
| (ii)      | Name: Designation & Organisation: Postal address:                               |             |      |         |       |
|           | Phone number  E-mail id                                                         | Landline:   |      | Mobile: |       |
| (iii)     | Name: Designation & Organisation: Postal address:                               |             |      |         |       |
|           | Phone number E-mail id                                                          | Landline:   |      | Mobile: |       |
| 17.       | Additional remarks such qualification or experience the preceding columns.      |             |      |         |       |
| 18.       | Language competency: English Hindi (pl mention 'Yes' or 'No' aga                | ainst each) | Read | Write   | Speak |

| 19. Please write one paragraph in own handwriting (not more than 250 words) in the space below justifying<br>your suitability for the assignment applied for: |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
|                                                                                                                                                               |  |
| 20. Number of additional about analoged with the application (If appear provided is not sufficient):                                                          |  |

20. Number of additional sheets enclosed with the application (If space provided is not sufficient):-----

## **DECLARATION**

I hereby declare that I have carefully read and understood the instructions/ general conditions, contained in the above and notes given down below and that all the entries in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the assignment applied for. In the event of suppression or distortion of any fact, like category or educational qualification or experience, made in my application form, I understand that I will be denied any engagement in the SDMA and if already engaged for any assignment in the SDMA; my engagement will be terminated forthwith.

| Place: |  |
|--------|--|
| Date:  |  |

Signature of the Applicant

## **General Conditions**

- 1. All the assignments are purely on contract basis for a period of 12 months with provision of extension depending upon project requirement and individual performance.
- 2. The selected applicant will not have any claim or right for a permanent job with the SDMA or the Government of Uttarakhand.
- 3. The assignments are open only to Indian nationals and the candidates are required to have competency in Hindi language in addition to English.
- 4. Screening Criteria: In case of more applications, apart from above mentioned criteria screening will be done based on relevant skill set, experience and professional qualifications.
- 5. Persons working in Government / PSUs/autonomous bodies are required to forward an advance copy of the application and later submit hard copy of the application through proper channel. However they would be required to furnish No Objection Certificate (NOC) at the time of interview/joining.
- 6. How to apply: Applications only on the prescribed form should be sent by SPEED POST or delivered in person to the office of the Executive Director, Disaster Mitigation and Management Centre, Uttarakhand Secretariat, 4 Subhash Road, Dehradun 248001.
- 7. The envelope should be super scribed with the assignment applied for.
- 8. Only Short-listed candidates will be called for interview. Shortlisted candidates will be informed by email /telephone only and no separate communication will be sent. At the time of interview, they should bring Original Certificates of qualifications and experience, NOC and a photocopy of these.
- 9. No TA /DA will be paid for appearing for the interview.
- 10. The professional qualification mentioned against each assignment should have been obtained by the applicants under a regular course.
- 11. SDMA reserves the right to fill up the assignment or increase/decrease the number of assignments or even to cancel the whole process of engagement without assigning any reasons thereof.
- 12. Canvassing in any form and bringing any influence, political or otherwise will be treated as a disqualification for the assignment applied for and SDMA reserves the right not to consider such applicants for the selection process.
- 13. Candidates are advised to keep checking the website (www.dmmc.uk.gov.in) and their emails for any information updates.
- 14. The SDMA reserves the right to relax requirements pertaining to any of the assignment at its discretion.

| Place | : |
|-------|---|
| Date: |   |

Signature of the Applicant