Application Format may be downloaded from Website: $\underline{www.pidb.org} \ \& \ \underline{www.pbfinance.gov.in}$

DEPARTMENT OF FINANCE GOVT. OF PUNJAB

APPLICATION FOR THE POST OF MEMBER, PUNJAB INFRASTRUCTURE REGULATORY AUTHORITY

Important Notes: (i) Before filling this form, read detailed advertisement carefully. (ii) All entries should be made in capital letters.

1.	Name (in capit	al lett	ers) (for S	. No.	1 & 2	pleas	se kee	ep on	e box	blanl	k betv	veen	first i	name	mida	dle na	me &	last	name)				
_Ł																									
2.	Father's/Husba	nd's l	Name	(in	capi	tal le	etter	5)							_			r -							
																							İ		
3.	Date of Birth							4. <i>A</i>	Age a	as oi	า 31	.12.2	2019												
	DAY MONTH YEAR YEAR MONTH DAY																								
_	Cardan	, ₋					_ r																		
5.	Gender [Male/Female]	6.	Mari Marrie				7.	Nat	iona	ity															
i							l																		
8.	Address for cor	respo	nden	ice i	(in c	anita	al let	ters)	i																
•		Ооро			(арта		,																	
	Name :																								
	Address :																								
		:																Plea				cent			
34944	City	:													passport size Photograph										
	State	:	Pin Code:																						
									Г			\top													
	Mobile No. Tele. No (with STD Code):																								
	E-mail Address:													Signature of Candidate ↑											
																J	<u> </u>	g ac	u. c	J. CC	aic	autc	•		
9. F	Permanent Addr	ess (i	n car	oital	lette	ers)																			
	Name													٦											
į		nd																							
	Father/Husband Name :																								
	Address	:																							
		:																							
	City	:																							
ŧ								-																	

Educational /Profession	onal Qualifications	University/Institute/Board						
				. 8 - 2				
		r - 1						
				. 24				
			Jan 1997					
Work Experience (as app	licable to the post applied	d for. Attach proof)						
Period		Organization		Total Years and				
				months				
			2					
			1,21,287					
			120 La 1					
	DECLARATION TO	BE SIGNED BY THE APP	TCANT					
knowledge and belief. I	understand that in the	nade in the application are event of any particular info	rmation given	above being found				
epancy in the particular	the post applied is liable is being detected after	to be rejected or cancelled my appointment, my service	l and in the ev ces are liable	ent of any mis-state to be terminated for				
out any notice to me.								
,								
e:								
e.			(C:1	- 611 - 1 - 1				
			(Signature	Ant the Annlicanti				
e :				of the Applicant)				
e:				e of the Applicant)				
: :				of the Applicant				
::				of the Applicant)				

1). Educational/Professional Qualifications (attach proof).