



19 JUL 2012
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DELHI JAL BOARD
PROJECT DIRECTOR (TRAINING)
ROOM NO. 2, VARUNALAYA PHASE-I
KAROL BAGH NEW DELHI:-110005

No.DJB /P.D.(Trg) / F. 05 /2012-2013 75650

Date:-

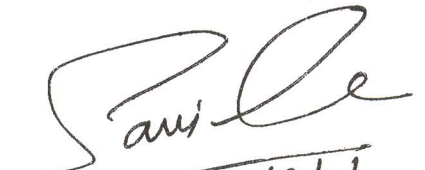
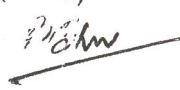
CIRCULAR

The Centre for Disaster Management Studies, Guru Govind Singh Indraprastha University have started a course in MBA (Disaster Management) of two years duration for working professionals. The course will be conducted on Saturday and Sunday from 9 a.m. to 5 p.m. The course starts from 1st August 2012 The last date of submission of application is 23rd July 2012.

Interested Officers of Assistant Engineers (Electrical & Civil) and Administrative Officer level or above who are willing to work in Disaster Management Cell and can spare the time on Saturdays and Sundays for the next two years, may apply in the prescribed proforma attached herewith to the undersigned. The last date of receipt of application will be 23/07/2012 upto 5.00 p.m. Application received after 23/7/2012 will not be considered. The course fee will be payable by the Training Cell, Delhi Jal Board.

Encl : As above.

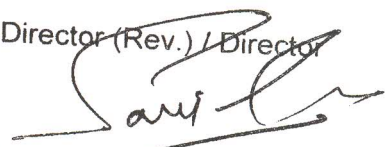
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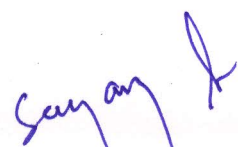

19/7/12
(SANJAY GUPTA)
PROJECT DIRECTOR (TRG)


All DDOs EDP

Copy to;

1. CEO, DJB for kind information.
2. Member (Admn)/ Member (Finance) Member (Water) for kind information
3. All Chief Engineers for kind information.
4. Addl. CEO, DJB/ / CVO for kind information.
5. Director (A&P) / Director (Finance)/ / Director (Vig.) Director (Rev.) / Director (RMS) for kind information.
6. All SEs / Joint Directors
7. Master File / office copy.


PROJECT DIRECTOR (TRG)



EDP/478
23/7/12

11. DETAILS OF EXAMINATION PASSED :

| Examination | Degree Board/University | Year | Name/ Address of the Institution | Percentage of Marks |
|---|-------------------------|------|----------------------------------|---------------------|
| 12 th (Sr. Secondary) | | | | |
| Qualifying Degree (Graduation or its equivalent) | | | | |
| Other qualifications, if any | | | | |

Note: Please attach attested photocopies of the marks-statement of the qualifying examination(s)

12. WORK EXPERIENCE:
TOTAL EXPERIENCE:
(in completed years as on 30.07.2012)

| Sr. No. | Organization Name, Address & Telephone No. | Designation | Worked | | Nature of work |
|---------|---|-------------|--------|----|----------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Please attach attested photocopies of the experience certificate.

13. Statement of Purpose (Why do you want to pursue the Weekend programme?) Write in about 100 words.

14. UNDERTAKING

I hereby solemnly and sincerely affirm that I fulfill the eligibility conditions prescribed by the university and that the statements made and information furnished by me in this application form are true and correct and have not withheld any information. If it is found at a later stage that any information furnished herein is fraudulent, incorrect or untrue in material particular, I realize that I am liable to prosecution and that the admission to the programme shall be cancelled. I agree to abide by the rules and regulations as contained in the Admission Brochure and other provisions notified by the University. I am also aware that my admission is provisional and is subject to verification of my eligibility. I agree to attend all the classes to be held on weekends.

Date: _____

Signature of the Candidate _____

Notes:

1. The failure to submit any of the eligibility documents may result in rejection of the application form.
2. The applicants are advised to submit the application/admission form with the eligibility documents as per the Admission Brochure before the last date for submission of application form.

MEDICAL CERTIFICATE**

(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.* _____ son/
daughter/wife of Shri/Smt.* _____ whose signature is given below.

Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Visible Mark of Identification _____

Signature of the Candidate _____

Place :

Date :

Name & Signature of the Medical
Officer with Seal and Registration
Number

*Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note: Blind (including colour blind), deaf and/or dumb candidates shall not be eligible for admission in Bachelor of Homeopathic Medicine and Surgery (BHMS).

Note : Use photocopy of this Form

Verification by the DDO.

It is Verified that the above enclosed information submitted by
Sh..... s/o, w/o of Sh.....
Designation has been checked from his / her service
records / education & professional certificates etc. and found correct.

Signature of the DDO
With Name Designation
& Office Stamp.
Cell

Date : / / 2012

No.....