

Dr	Oruk Green Job Application Form	
1.	Full Name:	
	Gender: M F	
2.	. Permanent Address:	
	Village/Municipality: Gewog: Dzongkhag:	
3.	. Date of Birth: Day DD Month MM Year YYYY	
	Citizenship ID No: XXXXXXXXXXXXX	
	Nationality:	
	Employee No if applicable:	
4.	. Post Applied For:	
5.	. Mailing Address:	
6.	. Contact Tel. No.: (M)	
<del></del>	I have:	

## 7. I have:

- a) Not been convicted of a criminal offence;
- b) Not been terminated or compulsorily retired from the any agency except in case of insolvency;
- c) Voluntarily resigned from any agency;
- d) Not been adjudged medically unfit for employment by a registered medical practitioner;
- e) Not intentionally provided false information in the application for employment or used fraudulent practices in the recruitment examination;
- f) Not furnished fake/forged testimonials/documents;
- g) Not failed to furnish testimonials as required; and
- h) Not been otherwise disqualified for appointment.



**8. Academic Qualification:** (please start with the Institute last attended)

Name of Institute	Country	Subjects	Year of Completion	Division	Degree	Diploma	Certificate

9. Training

Name of Institute	Country	Field of Study	Duration	Year of Passing	Div.	Degree	Dip.	Certificate



## **10. Employment History** (if applicable):

Organization Past Employment	Held	Post			Appointment	Place	Reason of
Pact Employment			From	То	Status	Served	Change
1 ast Employment	Past Employment						
Present Employment							
Tresent Employment							



11.	Extra-Curricular	<b>Activities:</b>	(please	tick	appropriate	ones	and	attach	attested
	copies of relevant	t certificates	5)						

- a) Literary()
- b) Leadership ( )
- c) Membership in Community/Association ( )
- d) Awards received ( )
- e) Others ( )
- 12. **Declaration**: I hereby declare that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the employer shall withdraw/terminate my service or take any legal action. I also undertake to abide by all Rules and Regulations of the agency.

(Affix Legal Stamp)

Signature of Applicant
Date: DD/MM/YYYY