



MEGHALAYAN AGE LTD.

A Government of Meghalaya Undertaking

Address: Meghalayan AGE Limited Office, First Floor - Shalom Building,
Lower Lachumiere, Shillong - 793001, Meghalaya
(CIN No. U74999ML2020SGC013727)

Phone number: 0364-7966770/67

Email ID: contact@themeghalayanage.com

PRESCRIBED APPLICATION FORM

Paste recent
passport size
photograph

1. a) Advertisement No. & Date : _____

b) Name of the post being applied for: _____

2. Personal Details:

a) Full name of the candidate (in block letters) : _____

b) Date of Birth (DD/MM/YYYY): _____ and Age as on **31.01.2026:** _____

c) Gender (Male/Female) : _____

d) Marital Status : _____

3. Pre-requisite qualifications for the post (*starting from the highest degree obtained*):

Examination Passed	Duration of the course		Name of the College / University	Grade / Division	% of marks obtained
	From:	To:			

4. Any other qualification (*diploma course, training attended, computer course, etc.*):

Name of the Course/Training	Name of the institution	Duration of the course		Grade/Division
		From:	To:	



5. Employment Record (*starting from the current employment*):

Name of the Employer/ Organization	Duration/Period of Employment		Designation	Nature of work	Salary	Reason for leaving
	From:	To:				

a) Total years of experience : _____

b) Relevant years of experience for the position applied : _____

6. Any other relevant information for the post being applied:

7. Language Proficiency:

a) Read : _____

b) Write : _____

c) Speak : _____

8. Permanent Address:

9. Address for Communication:



10. Contact details:

- i. E-mail ID : _____
- ii. Mobile : _____
- iii. Telephone Number : _____

11. All supporting documents should be enclosed for **Sl. No. 2, 3, 4&5** mentioned above.

12. Professional References:

(List names and complete contact information of two persons of which one should be a direct supervisor and the other one should have good knowledge about your work.)

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Declaration:

I hereby declare that the information furnished above is true to the best of my knowledge. I understand that if any information is found to be false / misleading, I may be liable to be disqualified from the recruitment process.

Dated : _____

Place : _____

(Signature of the Candidate)

