



STATE RURAL EMPLOYMENT SOCIETY

MEGHALAYA

The Nodal Agency for Implementation of MGNREGA



Application Form

Application for the post:

Name:

Father's /Mother's Name:

Gender:

Date of birth:

Category (Gen/ST/SC/OBC):

Address:

Contact number:

E-mail ID:

Qualifications *: (In descending order)

Two recent
passport size
photos

Sl. No	Name of Institution and address	Examination passed	Year of passing	Percentage	Division	Subjects taken

(*To be filled mandatorily)

OFFICE ADDRESS: 3rd Floor, Simpli Building, Dhankheti, Shillong-793001, Meghalaya

☐ 0364 – 2504171 Fax: 0364- 2504167

Helpline: 1800 345 0364 Email: megnregacell@gmail.com



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Work experience*:

Sl. No	Name of the office/organization and address	Designation	Nature of work	Year(s) of service	
				From	To

(*To be filled mandatorily)

Declaration:

I, _____, hereby declare that all the above information and documents submitted by me in the application form is correct, true and valid. I will present the supporting documents as and when required.

Signature: _____

Date: _____

Note: All fields should be mandatorily filled. Incomplete forms will be rejected.
All relevant documents should be attached.

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