## BRIHANMUMBAI MAHANAGARPALIKA

## (BIO-DATA)

For the Post of Chief Analytics Officer (Information Technology)

To,  Director (Information Technology),											Stick the latest Passport							
Municipal Corporation of Greater Mumbai,												Size Photograph with						
Annex building, Mahapalika Marg, Fort, C.S.T.,												Signature.						
Mumbai-400001												2.5.c.m. X 3 c.m.						
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	I undersigned wish to apply for th	e post of	f <mark>Chi</mark>	<mark>ief An</mark>	<mark>ialytic</mark>	<mark>s Offi</mark>	<mark>cer</mark> oı	n the	estab	lishme	nt of l	<mark>Inforn</mark>	nation	<mark>Techn</mark>	<u>ology</u>	in		
	mumbai Mahanagarpalika.																	
1)	(A) Full Name in English (Surnam	ie First)																
	Surname																	
	Name																	
	Father's / Husband's																	
	Name																	
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	(B) Father's/ Husband's Full Na	me: Shri											-					
2)	Address (postal):																	
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	Flat No/ Building Name																	
	Road Name																	
	Nodu Nume																	
	Area Name & City																	
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	Pin code No.																	
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3)	Sex : Male			F	emal	e [												
4)	A) Birth date :	Date	te Month Year															
	B) Age as on date.01 July2019:		J	Ye	ar	J	M	onth		D	] ate							

5) Educational Q	ualifica	tion:											
Educational		Marks			Perce	entage		Attempt					
Qualification													
Graduation													
Post-Graduation													
Any other Degree	<b>.</b>												
or Professional	*												
Certificate													
Attached h (a) (b) 	erewitl	n certified cop	pies of Certifica	ates:									
6) Experience :	Co	mpany	Post Anr		annual Salary Fron		om Date To		Date	Tota	Totalperiodinyears		
, .					,					and months			
7) Project Experien	ice :	Name of	Description	Name of project if an		any	ny Designat		From	То	Key		
		project and	of project		e list of ten				Date	Date	Responsibilities		
		client	. , ,		mentioned						handled		
		Circiic			lification					Harialea			
				qua	illication								
8) Address of loo	cal poli	ce station: _	<u> </u>										
Date:													
Date.										·:	of Amalianat		
Signature of Applican  (Name of the Applicant													
									(N	ameo	fthe Applicant)		
Place:													
Attach : 1)													
2)													