

State Wetland Authority Kerala (SWAK)

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Application form

Application for the post of

Full 1	Name	(in	:					
Capital I	Letters)							
Date of]	Birth, Ag	ge	:					
Mobile Number			:					
Email id			:					
Sex			:					
Address Commu		for						
		alifi	catio	ons (Attach sel				
SI. No	Degree			University	'ear 'assing	of	% marks	Of

Experience (Attach self	:		
attested copies the proofs)	of		

Declaration

I solemnly declare that all the above information is correct to the best of my knowledge and belief.

Date

Signature Name