

%शापर्यंग्रामिथ.प्र्या.क्ट.पह्या।

BHUTAN LOTTERY LIMITED

(Responsible Gaming Organization)

| | | Employr | nent App | lication Form | | |
|---|---------------|------------|----------|---------------|------------------|---------------|
| Post applied for: | | | | | | Passport size |
| | | | | | | Photo |
| PERSONAL DETA | AILS | | | | | |
| Name: | | | | Title (Mr/M | s): | |
| Date of Birth: | | CID | No | | | |
| House No | | Th | ram No | | | |
| Village: | | | | | | |
| Gewog | | | | | | |
| Dungkhag | | | | | | |
| Dzongkhag | | | | | | |
| Current Address: | | | | | | |
| Email: | | | | | | |
| Contact No | | | | | | |
| Preferred contact: | | | | | | |
| Are you currently en | mployed? Yes | No | | | | |
| Are you available to | commence empl | loyment im | mediatel | y? | | |
| Education Qualifi | cation | | | | | |
| Name of the School/College Course and programme | | Year | | Country | Certificate//Dip | loma |
| | programme | From | То | | Bachelor/Master | er |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

 $[*]Use\ additional\ sheet\ if\ required.$

| EMPLOYEE'S EXPER Please list your current Employer: 1 Name of Employer: Address: | /recent employer first | | | |
|--|------------------------|-----------------|----------------|-------------------------|
| Contact No | | | •••• | |
| Immediate Manager/Supervisor | Position held | Duration I | Employed | Reason of leaving |
| | | From | То | |
| | | | | |
| | | | | |
| Employer: 2 | | | | |
| Name of Employer: Address: Contract No | | | | |
| Immediate | Position held | Duration | Employed | Reason of leaving |
| Manager/Supervisor | | From | То | |
| | | | | |
| | | | | |
| | | | | |
| Use additional sheet if REFEREES | required. | | | |
| Please provide contact be a professional refer | | rees for your a | oplication, at | least one of which must |
| Referee 1 Name: Title: Position: Relationship to Applie Address: | cant: | | | |
| Referee 2 Name: Title: Position: | | | | |
| Relationship to Applicate Address: | | | | |

Email:___

SPECIALIZED SKILLS &QUALIFICATIONS

| Please list any additional | skills/memberships/licenses/ | certificates you feel | l support your app | lication: |
|----------------------------|------------------------------|-----------------------|--------------------|-----------|
| | | | | |

| Extra Curricular activities (Please tick the | e appropriate one and attach copies of relevant certificates) | | |
|---|--|--|--|
| a) Literacy () | b) Sports () | | |
| c) Leadership () | d) Membership in community/association () | | |
| e) Award received () | f) others () | | |
| I have. | | | |
| Corporation, private employer; | ired from the BLL, the civil service, a Government employment by a competent Medical doctor; ion in the application: | | |
| DECLARATION Please read carefully and sign the state | ement below: | | |
| 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 BLL shall withdraw/terminate my service without any recourse; confiscate all my transcription/testimonials; debar from seeking employment in BLL; and prosecute in the court of law for legal actions. I also undertake to abide by the rules. | | | |
| Name | | | |
| Signature | | | |
| Date | Affix Legal stamp | | |