



Kanpur Municipal Corporation

Motijheel, Kanpur, PH-0512-2531215,2551416, FAX-0512-2531662

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Application from the Anchor NGO for J.N.N.U.R.M for Kanpur City

This is a notice of provisional appointment of local institution as the Anchor NGO J.N.N.U.R.M for Kanpur City. Please note the following:-

1. The role of the Anchor NGO is to facilitate the implementation of C.V.T.C in the City of Kanpur.
2. The provisional appointment is for a period of 6 (six) months, starting 01st September, 2010.
3. There shall be no remuneration during the provisional appointment period.
4. Upon completion of this Six months period, there shall be two assessments: First assessment of your work as Anchor NGO field by the C.V.T.C members and Second assessment of your work by the Municipal Commissioner of the Kanpur Municipal Corporation.
5. Based on these assessment the Municipal Commissioner shall either confirm your appointment as Anchor NGO or withdraw your provisional appointment.
6. The duration for the assessment and recommendation shall be no more than 1 (one) month.
7. The process of re-appointment of Anchor NGO is similar to that of assessment and recommendation outline here work.

Application are invited from willing Anchor NGO's having experience in the field of the Urban Engineering, Urban Planning, Urban Poverty, Urban Governance, Heritage, Urban Environmental and Financial Services within 10 days of issue of this notice.

The application form can be seen and downloaded from the KMC website : <http://kmc.up.nic.in>

Municipal Commissioner

To,
Municipal Commissioner,
Kanpur, Municipal Corporation.

Sub :- Application For CVTC for the Municipal corporation, Kanpur.

Sir,

I, Shri/Smt./Kum.....S/O,D/O.W/O.....

Ordinarily resident at my address.....

For the last.....years in response to the notice dated.....

For formation of city volunteer Technical corps express my willingness to volunteer my services to the CVTC in the group for.....

My professional qualifications are as below.

(1)

(2)

(3)

(4)

My relevant experience in the above professional area is as below.

(1)

(2)

(3)

(4)

Date:-

Place:-

Signature

Name and address

Contact No.