



**Directorate of Prosecution
Government of Goa
7th floor, Shrama Shakti Bhavan, Patto, Panaji-Goa.
Email: dir-dp.goa@nic.in Phone No. 0832-2437665/2438278.
Fax No.0832-2437665.**

No. 527-1-2019-DP/Advt./898

Dated:- 26/09/2019

A D V E R T I S E M E N T

Sub:- Empanelment of Special Public Prosecutors for
the State of Goa.

Applications are invited from eligible candidates by the Member Secretary, Director of Prosecution, Directorate of Prosecution, 7th Floor, Shrama Shakti Bhavan, Patto, Panaji - Goa for empanelment of the Special Public Prosecutors for the State of Goa.

- A. Only the eligible candidates fulfilling the criteria as per the Advertisement shall apply.
- B. Applicant shall submit the self attested copies of the Educational qualification and experience etc. along with the application.
- C. Applications received after the prescribed date/incomplete applications will be summarily rejected and no intimation will be sent to the applicants in this regard.
- D. Applications complete in all respects should be submitted by post or hand delivery to the office of the Member Secretary, Director of Prosecution, Directorate of Prosecution, 7th floor, Shrama Shakti Bhavan, Patto, Panaji – Goa in the prescribed format enclosed hereto. Applications received in any other format and after 15/10/2019 will be summarily rejected.

Cont...2/-

E. No travelling allowance or any other allowance will be paid to the candidates for attending the interviews as and when called for.

sd/-
(T.S. Sardinha)
Director of Prosecution/
Member Secretary

FORMAT OF APPLICATION FOR THE POST OF SPECIAL PUBLIC PROSECUTOR

To,
The Member Secretary
Director of Prosecution,
Directorate of Prosecution,
7th Floor, Shrama Shakti Bhavan,
Patto, Panaji - Goa.

SELF
ATTESTED
PHOTO

Sub:- Application for the post of Special Public Prosecutor.

1. Full Name: _____
2. Address:
Office _____
Residence _____
Contact Number _____ e-mail I/d _____
3. Name of the District for which applied: North / South
(Strike out whichever not applicable)
4. Age in completed years: _____
5. Details of Qualifications: _____
(Enclose certificates)
6. Date and year of enrollment at the Bar: _____
(Enclose certificate)
7. Number of years of practice at the Bar: _____
(Enclose certificate)
8. Number of Criminal Cases conducted: _____
9. Details of any 5 best Criminal cases conducted:

Sr. No.	Case Number	Name of the Court
1.		
2.		
3.		
4.		
5.		

10. Languages known: _____

DECLARATION

I _____ son/daughter/wife of _____do
hereby state that the contents of the above application are true to my own
knowledge and no part of it is false.

(Signature of the Applicant)
with date