



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

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

Dated:- 26/09/2019

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## **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, 7<sup>th</sup> 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, 7<sup>th</sup> 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.

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**

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To,  
The Member Secretary  
Director of Prosecution,  
Directorate of Prosecution,  
7<sup>th</sup> 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