JOB APPLICATION

(अंग्रेजी या हिन्दी में भरें)

POSITION APPLIED FOR : _____

ADVERTISEMENT No. : _____

NAME OF THE CANDIDATE : _____

DATE OF BIRTH AND AGE : _____

QUALIFICATIONS : _____

YEARS OF EXPERIENCE : _____

PRESENT EMPLOYER : _____

CURRENT ANNUAL CTC : _____

JHARKHAND STATE COOPERATIVE MILK PRODUCERS' FEDERATION LIMITED

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FEDERATION LIMITED

Name (full name with surname):	
Date & place of birth:	
Home town, State & nearest railway station:	
Nationality:	

Marital status (Please tick (√) & fill below as applicable)

		(No. of children)	
		Male	**Female**
Single	**Married**		

Do you belong to (please tick (√) in appropriate column) (*)	**SC**	**ST**	**OBC**	**None**
Are you physically handicapped:	**Yes. (provide information)**		**No**	

Present address (for correspondence):		
Permanent address:		
Mobile numbers:	**(i)**	
	(ii)	
Email address:		
Adhaar Number:		
PAN Number:		

Qualifications (To start with latest)

Academic/ Technical/ Professional Exams passed with specialization/subject	Grade/ Division	% of marks obtained	Year of passing	Name of Institute/ University/ College/ Board

EXPERIENCE (Please start with present employment)

From (dd/mm/yy)	To (dd/mm/yy)	Employer & Address	Designation	Annual Cost to Company (CTC) (Rs)

Details of training course/workshops/seminars attended:

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PLEASE DESCRIBE ABOUT YOUR STRENGTHS, SKILLS & MAJOR ACHIEVEMENTS IN THE SPACE BELOW:

PRESENT MONTHLY SALARY

Basic	DA	HRA	CCA

Others (please specify)	
	Total CTC/ month: Rs. .... Expected CTC/month: Rs. ....

DECLARATION

I hereby declare that all the information and particulars given by me in this form are true and correct to the best of my knowledge and belief. I fully understand that if any of the information given above is found to be incorrect or deliberately distorted, my application may be summarily rejected or if selected, my services may be terminated at any time without giving any notice by the JMF, as may be considered appropriate.

Date: _____

Place:_____   Signature_____