

**FORMAT OF APPLICATION REQUIRED TO BE FURNISHED  
(IN TRIPLICATE)**

**FORMAT – A (For existing Members)**

*Application for the post of Member/Lady Member in  
District Consumer Forum in the State of Andhra Pradesh.*

Roc.No 3/APSCDRC/ADMN/2018 dt.08.6.2018

- (a) Name in full \_\_\_\_\_  
(In BLOCK LETTERS)
- (b) Father/Husband's name: \_\_\_\_\_
- (c) Date of Birth & Age: \_\_\_\_\_  
(Attested copy of Date of Birth Certificate to be enclosed)
- (d) Address \_\_\_\_\_  
with telephone/mobile number, \_\_\_\_\_  
e-mail, if any, \_\_\_\_\_

Please affix  
your recent  
photograph

- (e) Educational & Professional Qualification (graduation and onwards):  
(Attested copies of certificates to be enclosed)

Sl.No.	Examination	University	Year in which passed	Division
1				
2				
3				
4				

- (f) Date of Appointment as Member :
- (g) Place of appointment :
- (h) Date of Assumption of Office :
- (i) Date when first term completed :
- (j) Date of extension of tenure if any :
- (g) Status of Health: (Medical Certificate not below the rank of  
Asst. Civil Surgeon to be enclosed)
- (h) Any other accomplishments/information, the candidate may like  
to furnish \_\_\_\_\_

Place:  
Date:

Signature.  
(Name)

**FORMAT OF APPLICATION REQUIRED TO BE FURNISHED  
(IN TRIPLICATE) BY THE CANDIDATES**

**FORMAT - B**

*Application for the post of Member/Lady Member in  
District Consumer Forum in the State of Andhra Pradesh.*

Roc.No. 3/APSCDRC/ADMN/2018 dt. 08.06.2018

- (a) Name in full \_\_\_\_\_  
(In BLOCK LETTERS)
- (b) Father/Husband's name: \_\_\_\_\_
- (c) Date of Birth & Age: \_\_\_\_\_  
(Attested copy of Date of Birth Certificate to be enclosed)
- (d) Address \_\_\_\_\_  
with telephone/mobile number, \_\_\_\_\_  
e-mail, if any, \_\_\_\_\_

Please affix  
your recent  
photograph

- (e) Educational & Professional Qualification (graduation and onwards):  
(Attested copies of certificates to be enclosed)

Sl.No.	Examination	University	Year in which passed	Division
1				
2				
3				
4				

- (f) Experience at-least during the last ten years in dealing with problems relating to  
Economics, Law, Commerce, Accountancy, Industry, Public Affairs or Administration  
(Attested copies of certificates to be enclosed)

Sl.No.	Position Held	Name & Address of Organization	Period (From-to)	Nature of Work handled
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- (g) Status of Health: (Medical Certificate not below the rank of  
Asst. Civil Surgeon to be enclosed)
- (h) Any other accomplishments/information, the candidate may like to furnish

Place:  
Date:

Signature.  
(Name)