

APPLICATION FORM

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photo here

Post applied for :
Advertisement No. & Date :

1	Name of the Candidate (in BLOCK LETTERS)								
2	Gender(Tick in relevant Box)	Male				Female			
3	Date of Birth	Date	Month		Year				
4	Age as on 1 st July of the year in completed years.								
5	Father's Name								
6	Mother's Name								
7	Marital Status	Married				Unmarried			
	(Tick in relevant Box)								
8	Spouse Name								
	Husband/ Wife								
9	If applicant is Female	Widow	Destitute Widow			Others			
10	Place of Birth								
11	Native District and State								
12	If other than TN, Specify the Name of the State								
13	Mother Tongue								
14	Other languages known								
15	Nationality	Indian				Others			
	(Tick in relevant Box)								
16	Religion(Please specify)								
17	Address for Communication	Door No.							
	Street Name								
	City/Village:								
	District:								
	State:	Pin code:							

18	Permanent Address										
	Door No.	Street Name:									
	City/Village:	District:									
	State:	Pin code:									
19	Communal Category (Please tick in relevant box)	OC	BC	MBC	SC	SC (A)	ST	DNC			
20	Name of the Sub Caste										
a.	Community Certificate No.										
b.	Date of Issue	Date		Month		Year					
c.	Issuing Authority										
d.	Name of the Taluk										
e.	Name of the District										
21	Are you a Differently Abled Person?	Yes					No				
	If Yes, please specify?										
22	Whether coming under priority? If Yes, tick the relevant box.	DW	Inter-caste Marriage	Ex-serviceman, dependents of Ex-service man, Dependents of serving Army personnel's	Freedom fighter and Thiyagis for Tamil language	Burma / Cylon repatriate	Owner of the land acquired by Govt.	Physically Handicapped Exclusively Ortho	Orphans	Not applicable	
a.	Certificate No.										
b.	Date of Issue	Date		Month		Year					
c.	Issuing Authority										
d.	Name of the District										
e.	Name of the Taluk										
23	Educational Qualification	Medium of Instruction	Name of the Institution	Year of passing	Total Marks	marks secured	%	Grade/ Class			
		a.	S.S.L.C								
		b.	H.S.C(+2)								
c.	ITI/ Diploma (2years)										

d.	Degree (3 years)								
e.	Diploma in cooperation								
f.	Post Graduate Degree								
g.	Typing Tamil (Higher)								
h.	Typing English (Higher)								
i.	Shorthand in Tamil								
j.	Shorthand in English								
k.	Driving License No. & Validity Date								
l.	Badge No. & Validity Date								
m.	Others								
24	Details of previous employment if any	Name and address of the Institution	Designation	Scale of Pay	From	To			
25	Details of conviction / Punishment / Disqualification / Criminal case, disciplinary proceedings etc., if any								
26	Fees remittance details	Amount (Rs.)	D.D. No.	Date	Name of the Bank				
27	Mobile No. / Phone No. & E-mail ID								

28 **Declaration:**

Date : I, hereby, declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after, the examination action can be taken against me by the Thanjavur District Cooperative Milk Producers' Union Ltd., Thanjavur.

Date:

Place:

Signature of the candidate

Encl:

- 1 Self attested Xerox copies of Prescribed qualification certificates.
- 2 Demand Draft for OC/BC/MBC & DNC Rs.250/- and SC/SC(A)/ST Rs.100/-.
- 3 Self addressed envelope -3 Nos. (Size 27 x 11cm)
- 4 2 copies of Hall Ticket duly filled in and affixing the passport size photograph.
- 5 Self Addressed postcard.
- 6 Passport size photo -2Nos. (Should be enclosed along with application)

**THANJAVUR DISTRICT COOPERATIVE MILK PRODUCERS' UNION
LIMITED THANJAVUR.
HALL TICKET**

WRITTEN TEST FOR THE POST OF ()'2018

1. Roll No. :
(will be assigned by the management)
2. Name of the Candidate :
3. Address of the Candidate :
4. Written Test (to be filled by the management) : Venue of the Examination



Date and time of written test	
.....FN/ AN	

Signature of the Candidate

Authorised Signatory
with seal

Important Instructions

1. In the Hall ticket the Roll No. need not be filled up by the applicant at the time of submission and the same will be assigned by the management while sending Hall ticket for appearing written test. Candidate to fill up name and address only. Candidate to sign at demarked space and paste photo and sign across it.
2. Candidates are instructed to bring this Hall Ticket for the written test. Candidates without Hall Tickets will not be allowed to write the written test.
3. Written Test will commence from 10.00a.m. for the Forenoon Session/from 2.30p.m. for Afternoon Session.
4. Candidates appearing for the written test should be present at least half an hour before the commencement of the written test. Candidates coming after 15 minutes of the start of the written test will not be allowed to write the written test.
5. Candidates are permitted to write the answers with Blue or Black ball point pen only.
6. No mobiles and electronic devices will be allowed inside the examination Hall.
7. The Candidate should return the Question booklet to the Invigilator at the end of the written test. Failure to return the Question booklet will result in non-evaluation of the answers of the candidate.
8. No candidate will be allowed to leave the Examination Hall till the time of closure of the written test.
9. Admission to written test will not confer any right of appointment.
10. Please see Additional Information and Instructions to Candidates in web site www.aavinmilk.com, www.aavinthanjavur.com.
11. If any error in name and address is noticed, the candidate should intimate promptly to the Management before the publication of result for rectification and sub sequent request will not be complied with.
12. Candidates should write their Roll No. only in the place prescribed in the question booklet for written test. Writing their name or any type of marking other than answers in the booklet will result in non evaluation of the answers in the written test.

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ANNEXURE II

**Format for Envelope for submission of filled in applications
(Please write following on the envelope)**

APPLICATION FOR THE POST OF.....

Advertisement No. – 2/ '2018

To

The General Manager
Thanjavur District
Cooperative Milk Producers'
Union Ltd., Nanjikkottai
Road, Thanjavur 613 006.
Tamil Nadu

From

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