APPLICATION FORM

Please affix your photograph here

A. THE ADVERTISED POST				
POST - Cooperative Intern				
B. PERSONAL INFORMATION				
First Name				
Last Name				
Father's Name				
Date of Birth (with Age in years)	DOB	Year	Month	Days
Permanent Address				
Correspondence Address				
Nationality				
Martial Status				
Mobile No.		Mail id:-		
Whether belongs to reserve category (Yes/No) Category details				
Gender (Please tick)	FEMALE ☐	MALE ☐		
Do you have a disability? (Please tick)	YES ☐	NO ☐		

Preference Location (Please tick one only)

U S Nagar	Almora	Pithoragarh

Preferred location:- ..... (Mandatory to fill)

C. LANGUAGE PROFICIENCY – state 'good', 'fair' or 'poor'	
	Languages (specified)
Speak	
Read	
Write	

D. QUALIFICATIONS (Class 10th onwards)			
Name of School / Institution	**Name of Qualification**	**Percentage/Grade**	**Year**

E. ADDITIONAL QUALIFICATIONS			
Institution	**Name of qualification**	**Grade**	**Year**

Note: Essential documents such as qualification and others (Self attested copies) are to be sent with application form via registered post only.

F. WORK EXPERIENCE						
Employer (including current employer)	**Post held**	**From**		**To**		**Reason for Leaving**
		MM	**YY**	**MM**	**YY**	
If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment					YES	NO
If yes, provide the name of the previous employing department and attach original Experience certificate						

DECLARATION	
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.	
Signature:	**Date:**