

Annexure - I
APPLICATION FORMPlease affix recent
passport size photo

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 2020 (in completed years)												
5	Father's Name												
6	Mother's Name												
7	Marital Status (Tick in relevant Box)	Married			Unmarried								
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 (Tick in relevant Box)	Indian			Others								
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-Service man dependents of Ex-service man, dependents of serving Army personnel's	Freedom Fighter and Thiyagis For Tamil language	Burma/ Ceylon Repatriate	Owner of the land acquired by Govt.	Physically Handi-capped 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/Teacher Training (2 years)											



23	Educational Qualification	Medium of Instruction	Name of the Institution	Year of passing	Total Marks	Marks Secured	%	Grade / Class		
d.	Diploma									
e.	Degree (3 Years)									
f.	Diploma in Co.op									
g.	P.G. Degree									
h.	M.Phil									
i.	Ph.D									
j.	PG.Diploma									
k.	Typing Tamil									
l.	Typing English									
m.	Shorthand in Tamil									
n.	Shorthand in English									
o.	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.)	DD No.	Date	Name of the Bank			
27	Mobile No / Phone No									

28. Declaration:

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 Tirupur District Cooperative Milk Producers' Union Limited, Tirupur.

Date:

Place:

Signature of the Candidate

Encl:

1. Self-attested Xerox copies of Certificate
2. Demand Draft Details
3. Self-addressed envelope – 3 Nos. (Size 27 x 11cm)
4. 2 copies of Hall Ticket duly filled in and affixing the pass port size Photograph.
5. Self-addressed postcard.
6. Passport size Photo – 2Nos.
(Should be enclosed along with application)