

APPLICATION FORM

Please affix recent
passport size photo
here

Post Applied For	
Advertisement No. and Date	1711/ADMN/RCRT/2021 Date: 17.11.2020

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 01.07.2020 (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:							Pincode:					

18	Permanent Address											
	Door No.				Street Name:							
	City / Village:				District:							
	State:				Pincode:							
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 dependants of Ex-Serviceman, dependants of serving Army personnels	Freedom Fighter and Thiyagi for Tamil language	Burma / Ceylon 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 / Teacher Training (2 Years)											

d.	Diploma						
e.	Degree (3 Years)						
f.	Diploma in Co.op.						
g.	Post Graduate 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 Details	DD No. & Date	DD Number	Name of the Bank & Branch			
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 VIRUDHUNAGAR DCMPU.

Date:

Place:

Signature of the Candidate

Encl: 1. Self attested Xerox copies of Certificates

2. Self Addressed envelope - 3 Nos. (Size 27 x 11 cm)
3. Self Addressed Post card
4. Demand Draft
5. Hall Ticket
6. Photos - 3

Format for Envelope for Submission of Filled in applications

APPLICATION FOR THE POST OF	
Advertisement No. 1711/ADMN/RCRT/2021	
	To
From	The General Manager, VIRUDHUNAGAR DCMPU, Srivilliputtur Dairy, Madurai Road, Meenakshipuram(P.O), Srivilliputtur - 626 125.