APPLICATION FORM

(for the posts below Manager Cadre)

Post Applied For	
Advertisement No. and Date	

Please affix recent passport size photo here

1	Name of the Candidate (in BLOCK LETTERS)									
2	Gender (Tick in relevant Box)	Male				Fem	nale			
3	Date of Birth	Date		Month			Year			
4	Age as on 1st Jan / 1st July of the year(as the case may be) (in completed years)			·						
5	Father's Name									
6	Mother's Name									
7	Marital Status (Tick in relevant Box)	Married	ı			Unmar	ried			
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 Communicat	ion								
	Door No.			Street Name	:				 	
	City / Village:			District:		_				
	State:					Pir	ncode:			

18	Permanent Address													
	Door No.			Street Name:										
	City / Village:				District:									
	State:		Pincode:											
19	Communal Category (Please tick in relevant box)	ос	ВС		MBC	sc		SC(A)	ST		D	NC		
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													
е.	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 Marriag e	Ex-Serviceman dependants of Ex- Serviceman, dependants of serving Army personnels		Fig Th	eedom hter and iyagi for Tamil nguage	Burma / Ceylon Repatri ate	Owner of the land acquir ed by Govt.	Physically Handicap ed exclusivel y Ortho	Orpha ns	Not Applicab le		
a.	Certificate No.													
b.	Date of Issue	Date			Month			Year						
C.	Issuing Authority		•	•				•			•			
d.	Name of the District													
е.	Name of the Taluk													
23	Educational Qualification		ledium of nstruction		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								
I.	Typing English								
m.	Shorthand in Tamil								
n.	Shorthand in English								
0.	Others								
24	Details of Previous Employment if any	Name and Addre of the Institutio		signation	Scale of Pay	F	rom	-	Го
25	Details of Conviction / Pu Disqualification / criminal proceedings etc., if any		У					<u> </u>	
26	Mobile No. / Phone No.								

27. 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.

Place:	Signature of the Candidate

Encl:

Date:

- 1. Self Attested Xerox Copies of Certificates
- 2. Self Addressed envelope 3 Nos. (Size 27 x 11 cm)
- 3. Self Addressed Post card
- 4. Board Resolution for the confirmation of Applicant as Society's EmployeeExperience and Remaining Service

Envelope for submission of filled in applications

APPLICATION FOR THE POST OF		
Advertisement No'2015	5	
	То	
From	The General Manager, VIRUDHUNAGAR DCMPU, Srivilliputtur Dairy, Madurai Road, Meenakshipuram(P.O), Srivilliputtur - 626 125.	
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