

APPLICATION FORM
Madurai District Cooperative Milk Producers' Union Ltd
Madurai-20

(For the post of Manager (Accounts), Manager (Engg),
 Manager (Fodder), Deputy Manager (Dairy),
 Deputy Manager (DC), Executive (Office), Private secretary
 Grade-III, Executive (Lab), Junior Executive (Typing)
 Senior Factory Assistant)

Please affix recent
 passport size photo
 here

| | |
|-----------------------------------|--|
| Post applied for | |
| Advertisement No. and 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 Jan/ 1 st 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 | | 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 | | 2 | | | | | | | | | |
| | 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 Thyagis for Tamil language | Burma/Ceylon Repatriate | Owner of the land acquired by Govt. | Physically Hand-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) | | | | | | | | | | | |
| 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. | Type writing English/Tamil | | | | | | | |
| 24. | Details of previous employment if nay | Name and address of the Institution | Designation | Salary drawn | 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 Madurai District Co-operative Milk Producers' Union Ltd., Madurai.

Date:**Place:****Signature of the Candidate**

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

Candidate Copy

Madurai District Co-operative Milk Producers' Union Limited,
Madurai

HALL TICKET

Written test for the post of -.....'2019

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) :

**Please affix
Recent passport
size photo here**

| Date and time of written test | Venue of the Examination |
|-------------------------------|--------------------------|
| FN / AN | |

Signature of the Candidate

Authorised signatory with seal
(Not below the rank of DM(O))

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. Candidates without Hall Tickets will not be allowed to write the written test.
3. Written Test will commence from 10.00 a.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 -1 and 2 in website www.aavin.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 subsequent 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.

Madurai District Co-operative Milk Producers' Union Limited,
Madurai

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