



DUDHSAGAR DAIRY

MEHSANA DISTRICT CO-OPERATIVE MILK PRODUCERS' UNION LIMITED

P.B. No. 1 : MEHSANA - 384 002. Gujarat (INDIA)* Phone (02762) 253201
Gram : DUDHSAGAR * Fax : (02762) - 253422 * E-mail : sagar@mehsanaunion.coop

APPLICATION FOR EMPLOYMENT

(TO BE HAND WRITTEN BY THE CANDIDATE, INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

SECTION - 1

Post applied for : _____

Name in full :

(IN BLOCK LETTERS)

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Address for correspondence : _____

PIN : _____ E-mail : _____

TEL. No. : _____ MOBILE NO. : _____
(STD CODE)

Permanent Residential Address _____

Pin _____ Tel. No. : _____
(STD CODE)

Birth Date	Birth Place	Sex	Religion, Caste & Native	Home Town (Nearest Rly. Station)	Blood Group	Eye Sight	Handicapped Yes / No

Have you applied with Dudhsagar Dairy earlier ?

If yes, give details of interview ?

Yes/No _____

Post _____

Month / Year _____

SECTION - 2

Please provide details of family below starting with Father :

Name	Relationship*	Occupation	Qualification	Age

Are any of your relatives working or connectd with
Dudhsagar Dairy or any other dairy Co-oprative in India?
If yes, give name & details

Yes/No. _____

SECTION - 3

Languages Known (Start with Mother Tongue)

Speak			
Read			
Write			

Have you ever suffered any prolonged/chronic illness?
Have you had any major operation?

Yes/No. _____

If Yes, give details

Have you been convicted/prosecuted?

Yes/No. _____

If Yes, give details

Identification Marks	Marital Status	Number of Children	Age

SECTION - 4

Academic Data (Starting with S.S.C. / H.S.C. or Equivalent)

Month & Year of Passing	School / College University & Institute	Name of Examination Passed / Board	Main Subjects	Medium of Instruction	Result	
					Div./ Grade	% age

Distinction/ Scholarships/ Prizes won

English		Maths	
SSC	HSC	SSC	HSC
%	%	%	%

Are you yet to complete your studies? If yes, please give details.	Yes/No
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Any other Vocational/Professional and or special qualifications in respect of the post applied:			
Name of Institute	Type of Professional course/ Training Attended	Duration	
		From	To

Computer knowledge :

SECTION - 5

Employment data (Starting from present employment)

Period		Employer's Name & Place	Position held/ Designation	No. of persons reporting to you	Name & Desig- nation of your Reporting Officer	Reason for Seeking job change
From	To					

Emoluments :

Particulars	Basic (P.M.)	D A (P. M.)	Other Allowances (P.M.)	Gross (P. M.)	Terminal Benefits	CTC	Other Perks
1. Present or last drawn							
2. Expected							

* Are you a member of Dairy Co-Operative Society of your village?

If yes, give your membership number and name of the society _____

* Are you pouring milk in Dairy Co-Operative Society of your Village

If yes, give quantity in Ltrs./Day. _____

* Are you pouring milk in private Dairy ? If yes, give quantity in Ltrs./Day. _____

* Are you prepared to sign a bond with Dudhsagar Dairy Yes/No. _____

* Are you prepared to be posted in any part of India? Yes/No. _____

* If appointed, when can you join ? _____

* Are you a member of Provident Fund? If yes give A/c No. _____

* Are you a member of any professional association? Yes/No. _____

If yes, give membership details _____

Important information regarding accomplishments, achievements etc.

Hobbies and other interests

Your values and beliefs :

For reference purposes, please mention below at least three respectable persons (not related and not working in Dudhsagar Dairy who are known to you for a considerable period.

Name	Designation	Name of Organisation (with complete postal address)*	Tel. No.

Attach separate Sheet, if required.

Any other information in relation to this application :

List of enclosures :

- | | |
|-----------------------------------|----------------------------------|
| 1. School leaving certificate () | 4. Post Graduation Marksheet () |
| 2. HSC/SSC Marksheet () | 5. Degree Certificate () |
| 3. Degree Marksheet () | 6. () |

I hereby declare that the above given information is correct and true to the best of my knowledge. If any of the information given above is found incorrect even after appointment, my services may be terminated at any time without notice.

Place : _____

(Applicant's Signature)

Date : _____