

भारतीय खाद्य निगम FOOD CORPORATION OF INDIA

APPLICATION FORM (OFFLINE)

RECRUITMENT FOR ASSISTANT GENERAL MANAGER (GENL. ADMIN./MOVEMENT/ACCOUNTS/LEGAL)/MEDICAL OFFICER

(* Fields are mandator	y)			(To be filled in	Capital Letters and sigr	ned in all pages by the Ca	indidate only)			
		Application No. (For office use only):									
1. Candidate's Name		Name as recorded in the Ma	ntriculation/Second	dary Examination Certifi	cate.)			ix recent			
2. Father's Name *	:							oloured otograph			
3. Gender *	:		(Male / Female)								
4. Date of Birth *	:	/ / /		(DD/MM/YYYY) (As Certificate, supporting		Matriculation/Secondary uld be enclosed)	Examination				
5. Age as on 01/08/201	3* :	Years	Months	Days							
6. Category *	:	(Genera	al / OBC / SC /	ST)							
7. Whether domiciled J&K during the pe relevant certificate)		Kashmir Division in 9 01.1980 to 31.12.1989		(Yes/No)	8. Wheth	ner Ex-Serviceman	: (Yes/No)				
9. Whether Person w Disabilities (PWD) Physically Handicapped (PH)	, L	(Yes / No)		res, Nature of Disability the Legend given in the		Degree of Disability (in % (40% and above)	6)				
10.Whether Departme (FCI) Employee*	ental :	Yes/No	CPF No	Present De	signation	Date of Joining in	FCI Present Place	e of Posting			
11.Whether belongin	g to Min	ority Community* :	(Y		pecify Commun	ity: n, Sikh, Buddhist, Zor	oastrian (Parsee))				
12. Nationality *:											
13. Name of the Write	ten Test	Centre * :									
carefully. Wrong subn	y only for nission w	: any ONE of the Post C vill disqualify your cand n: (Fill details of Qua	idature.)				ou are applying and cho	oose Post Code			
Post Code Post	t Code plied For	•				Duration of the Course / Programme	Percentage of marks up to 2 decimal points in aggregate of all years/ semesters	Remarks, i			
A or B or C or D or E											
In case of CGPA / O	GPA / Le	etter Grades, please	give equivale	ent percentage (%)							
16.Whether Comple	eted* :	(Yes/ N	No)	*Result a	waited cand	lidates need not to	apply.				
17.Email ID :		18. Mobile Number : +91									
19.Experience *	: Г	(Yes/ No	o)		If Yes. Tot	 al Experience (in M	lonths) :	 			

Details of Work Experience (starting from latest employment):

	Туре		I Exponent		loo (otal			Length of	Basic Scale of		<u> </u>		
Name and (Address of the Employer(s)	Organis (Cent. C	ation					of Service	Service (In	Pay & Total	Type of Scale			
	State G Cent. G PSU/S Govt. F Other	Sovt./ Sovt. State PSU/	Designation		Nature Of Duties	FROM (DD/MM/YYYY)	To (DD/MM/YYYY)	Months)	Emoluments (per Month)	(IDA/CDA .If others, equivalent scale in IDA/CDA)	Remarks (if any)		
20.Communica	ation Add	ress*	:										
City* :				District * :									
State* :				Pin Code* :									
21. Whether Fee Paid (Write 1 or 2)*: Write 1 - if fee paid, 2 - if fee exemption claimed													
	22. Mode of Payment* (DD/Bank Challan):			hallan Reference Digits)* :			(if Mode of Payment is SBI Bank Challan)						
DD No. / Journ	, ,				Issue /	Deposit Date*:							
Amount Rs. (50	00)*:				Name o	of Bank & Branch*	:		Branch Code*:				
23. Declaration	on:								_				
4. I a a c c c c c c c c c c c c c c c c c	also decla against me of a State o For Candida I decla contai perso in the I hereby de peen conce cancelled / f	re that I in any or reference that I in any or reference that ined in En/section Notice. Inclare that ealed or terminate	do not ourt of ourt of ourt of nging t I belon Deptt. on ons (cre I furthe at all the suppred with	t stand deb. law. Further lovernment o OBC: gg to the con of Personne amy layer) er declare the ne statemen essed. In the nout any no	arred by FCI or declare that or from any mmunity, whell and Traini mentioned in that I am in points made by the event of tice and/or I	gibility regarding age li as on date and have at I have never been di Public Sector Undertal ich is recognized as bang Office Memorandun column 3 of the sche ossession of OBC Cert me in the application any information being shall be liable for any Signature: Candidate's Na ATE FROM THE overnment, Public S	never been convicted ismissed or compulsor king. ackward class by the Gran No. 36012/22/93-Es dule of the OM mentio ifficate in the prescribe are true, complete and found false or incorpther action under the me (in Capital letters): PRESENT EMPI	by any court of illy retired from Sovt. of India fo stt.(SCT) dated ned above and d format given d correct to the rect at any poi extant rules.	f law. I also declare the service of the C r the purpose of res 8.9.1993. I also de I modified vide Govt in the Advertisemer e best of my knowle int of time, my car	that no charge shorporation or from ervation in service: clare that I do not . of India DOPT Of tt. edge and belief and	eet is pending Departments as per order belong to the Ms mentioned nothing has		
						oplicant is true and the	_			/her. We have no	objection to		
his/her applying for the Service Rules.		e post in	FCI a	and if select	ed, he/she s	hall be relieved as per	r this Organization's n	orms subject to	his/her compliance	e of all terms and c	onditions of		
the dervice reales.	•								(Signati	ure & Seal of E	mployer)		
I hereby certify self-attested cocancelled/termin Bank Date Certific certific Mark Caste PWD Exper	that the sepies of chated with Challan (Conference of Figure 1997). The characteristic of the characteristic o	elf-attes the reliout any 3rd Copertificate Relevar e releva Relevar C/ST) C icate, if rtificate ertificate	sted c evant / notic by-FC e (As ant Decant au tertific applie / Rele e, if a	opies of the certification. I Copy)/Derecorded in gree or equithority is a gree or equate, if approable.	ne following es/docume emand Dra in the Matri quivalent, calso enclos uivalent. licable.	documents to be end g certificates/documents are not enclo ft (On the back side culation / Secondar of Essential Qualificated).	ents are enclosed a sed alongwith app of DD Name, DOB y Examination Certi- cation (If the qualifi	along with the olication form & Post applie (ficate). cation posse	duly completed and the candidatu and for is indicated	re/appointment	may be		
Date: Place:							Signature: Candidate's Naı	me (In Capital	letters):				