Galbabhai Nanjibhai Patel Charitable Trust Managed by

Banaskantha District Cooperative Milk Producers' Union Ltd.,

Banas Dairy, Post Box No. 20, Palanpur : 385 001, Phone : 253881-253885 Fax :(02742) 252723, 251835, e-mail :banasmcri@gmail.com, web:www.banasdairy.coop

APPLICATION FOR PARAMEDICAL & OTHER STAFF

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

	SECT	ION – 1	Please Affix
Post applied for :		Job Code	your Recent Passport Size
*Personal Details :			Passport Size Photograph here
Name in full :			nere
Title (Mr./Mrs./Miss/Dr./Ms	s) :		
Last Name (Surname)	:		
First Name(Own Name)	:		
Middle(Fathers Name)	:		
Date of Birth	:E	Birth Place	
Native State	:	_ Taluka Dist	
Blood Group	: Se	x Handicapped. (Y/N)	
Religion(Hindu/Muslim/Christia	an/Shikh/Others) :	Caste (Gen./OBC/SC/ST/Others)	
Marital Status (Married/Unm	arried/Widow/Divorced)	Identification Marks	
* Address Details			
Permar	nent address :	Correspondence addres	s
City:			
Postal Code :			
District :			
Region(State) :			
Mobile No.		Mobile No.	
Telephone No.with STD C	Code :	Telephone No.with STD Code :	
e-mail ID :		e-mail ID :	
* Registration No. (if app	licable)		
*Medical Details :			
Height (Inch)	Weight (Kg.)	Chest (Cm)	

SECTION - 2

Please provide details of family (Father, Mother, Spouse & Child details), starting with Farther:

Name		Relation ship	Date of Birth	Occupation	Qualification
First Name	Middle Name		(Mandatory)		
		050	TION 0		
* Languages Kr	a.u.m	SEC	TION – 3		

Name of Mother Tongue:

Name of Language Gujarati

Speak				
Read				
Write				
Have you ever suffe	ered any prolonged / Chro	nic illness ?	Yes/ No.	

Hindi

English

Mother Tongue

Have you ever suffered any prolonged / Chronic illness?	Yes/ No
Have you had any major surgical operation?	Yes/ No
If Yes, give details	

Have you been ever convicted / prosecuted ?	Yes/ No
If yes, give details	

SECTION - 4

Academic Data (Starting with Latest Qualification).

Latest Qualification at the time of Recruitment with Percentage : ______

Month & Month & Year of		ı	Name of Examination	Main Subjects	Medium of Instruction	Result		
Starting	Passing		Passed / Board	,		Div. / Grade	% age	

If yes, please g	complete your s give details.	studies ?					Yes/	No.	
Any other Voca	ational / Profess	sional / or	special Qualification	ons in resn	ect of the nos	t ann	lied		
Name of the in:		31011417 01	Type of profession	-		συ		Ouration	
			Training attended	d		From			
Computer Known 1) M.S. Office	wledge :								
,									
2) Internet									
3) Programmin	g								
4) Networking									
5) Hardware									
6) SAP / Other	ERP								
		ower / Me	dium/ Higher) a) E	nalish					
7) Typewning	with Opeca (Et	JWCI / IVIC							
			b) C	Gujarati					
Employment c	lata (Starting fr	om prese	SEC ⁻	TION – 5					
Dura	tion	Total Experi ence	Employer's Name	e & Place	Position he Designation		No. of perso ns reporti	Name & Designation of your reporting	Reason for seeking job
From (dd/mm/yyyy)	To (dd/mm/yyy)						ng to you	officer	change
Emoluments / F									
Particulars	Basic (P.M.)	D.A. (P.M.)	Other Allowances (P.M.)	Gross (P.M.)	Terminal Benefits	СТО		Other Perks	
 Present or last drawn Expected 									

For reference purposes, please considerable period.	e mention below at	least three	respectable persons, who are	e known to you for a
Name	Designation		Name of Organisation (with complete postal address)	Tel. No.
Attach separate Sheet, If re	l equired.			
Any other information in relation	n to this application	n :		
List of Testimonials / Documer	nts attached:			
 School leaving certificate HSC SSC Marksheet Degree Certificate Diploma Certificate Graduation Marksheet Post Graduation Marksheet Experience Certificate Diploma Marksheet No Objection Certificate (if a 	(
I hereby declare that, the above information given above is four notice.				
Place :				
Date :			(Applicant's Signate	ure)