

North Eastern Regional Agricultural Marketing Corporation Ltd

(A Govt. of India Enterprise)

9 Rajbari Path, G.S. Road, Ganeshguri, Guwahati-781005.

APPLICATION FORMAT

(Use Block Letters only)

Advt. No. _____

Affix recent
Passport size
Photograph
here

(Please fill up this form with utmost care)

Post Applied for: _____

(A) Personal Details

1. **Name (as appears in SSC certificate) :**

| | | | | | | | | | | | | | | | | | | | | | | | |
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2. **Father's Name :**

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
3. **Date of Birth :**

| | | | | | | | |
|----|--|-------|--|----|--|--|--|
| DD | | Month | | YY | | | |
|----|--|-------|--|----|--|--|--|
4. **Age as on 01 June,2017 :**

| | | | | | | |
|------|--|-------|--|------|--|--|
| Year | | Month | | Days | | |
|------|--|-------|--|------|--|--|
5. **Sex (write M or F) :**
6. **State of Domicile :**
7. **Category** (Gen./SC/ST/OBC)

Are you physically handicapped : Yes/No

If yes, please mention the details as follow:

Type of Disability :

Extent of disability as specified in the disability certificate :

(B) CORRESPONDENCE ADDRESS:

City/Town **State** **Pin Code**

Tel. No. with STD Code **Mobile**

(C) PERMANENT ADDRESS:

City/Town **State** **Pin Code**

Tel. No. with STD Code **Mobile**

E-mail ID, if any

(D) **ACADEMIC PERFORMANCE:**

1. **Basic Qualifications:**

| Exam Passed | Institution/ University/ Board | Branch of Specialization | Duration of Study | Month & Year of passing MM/YYYY | Aggregate % of Marks | Full time/ Part Time/ Correspondence |
|-------------|--------------------------------|--------------------------|-------------------|---------------------------------|----------------------|--------------------------------------|
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2. **Professional Qualification (Please mention qualification which makes you eligible) :**

| Exam Passed | Institution/ University/ Board | Branch of Specialization | Duration of Study | Month & Year of passing MM/YYYY | Aggregate % of Marks | Full time/ Part Time/ Correspondence |
|-------------|--------------------------------|--------------------------|-------------------|---------------------------------|----------------------|--------------------------------------|
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3. **Additional Qualification, if any :**

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(E) **DETAILS OF EXPERIENCE (If required, please attach separate sheet)**

| Name of the organisation | Designation | Scale of pay | Duration | | Nature of Duties | Reason for leaving |
|--------------------------|-------------|--------------|--------------|------------|------------------|--------------------|
| | | | From MM,YYYY | To MM/YYYY | | |
| | | | | | | |
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Post Qualification Experience :

Year

Months

(F)WHETHER DEPARMENTAL CANDIDATE: Yes / No

Declaration:

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any state it is discovered that an attempt has been made by me wilfully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily be rejected or terminated without any notice.

Place: _____

Date: _____

Signature of Applicant

Please Enclose:

- 1. Proof of SC/ST/OBC/PH Certificate (if applicable).**
- 2. Certificates in support of age, educational qualifications, experience etc.**
- 3. Please write advertisement No, Category & post applied for on the top of the envelope.**