

## East Assam Milk Producers' Cooperative Union Ltd. (EAMUL)

## APPLICATION FOR EMPLOYMENT

Paste Recent Photograph

(To be filled in by the candidate in Block Letters)

Position applied for:					
Name (full name with surname):					
Date of Birth:	Age in Years & Months :				
Home town, State & Nearest railway station:					
Nationality:					
Marital Status					
Single	Married (no. of children)				
	Male		Female		
De con belegge to follow the	86	C/M	OPG	W	
Do you belong to (please tick inappropriate column)(*)	sc	ST	ОВС	None	
Are you physically handicapped	Yes (provide information)		No		
Present Address(for correspondence)					
Permanent Address					
Telephone number	(M)				
	(R)				
Email address					
Permanent Account Number (PAN) *copy of PAN Card to be attached					

Family information (to include complete details about family, including address, telephone number etc.)						
Name	Relationshi	p with self	Age	Correspo	ndence address	
Qualifications in Chronological order (Please attach self- attested copies of the certificates)						
Academic/Technical/ Professional Exams passed with specialization/subject	Grade/ Division	% of marks obtained	Year of Pa	assing	Name of Institute/ University/College Board	
Language proficiency (please tick(\/) in appropriate columns)		Speak	Read		Write	

From	То	Organization Name & Address	Total Duration	Designation	Cost to
DD/MM/YR	DD/MM/YR	Autres	In Year & Month		Company(C TC Per Month
Total Experie	ence in Years	& Months :			
Details of Tra	aining course/	workshops/seminars att	ended:		
Any medical	disability? Ple	ease specify:			
Have you eve	er been convic	ted or any criminal pro	ceedings conte	emplated against	you? If yes,
give details:					
Present Yearly	y Salary (Please	furnish proof in respect	of salary detail	s.)	
Fixed Comp	onent :		Variable Comp	onent:	

If you have any liability with your present employer, please specify.		
If selected, joining time required/Notice Period	d to be served with previous Employer	
Please mandatorily provide the reference det address, Telephone (Mobile, Office, Residentia	tails with full mailing address (with Pin Code), Email al) numbers.	
Personal	Professional	
Diogga dogawika heis Ger wayer in tarant in accessive	gemployment with EAMUL? If selected, how will	
you contribute to the growth of EAMUL and t		
DECI	LARATION	
I hereby declare that all the information and particulars given by me in this form are true and correct. I fully understand that if any of the information given above is found to be incorrect or deliberately distorted, EAMUL shall have the right to terminate my services without giving any notice.		
Place:		
Date:	Signature of Candidate	