

# Galbabbhai 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)

### SECTION – 1

Please Affix  
your Recent  
Passport Size  
Photograph  
here

Post applied for : \_\_\_\_\_

#### \*Personal Details :

Name in full :

Title (Mr./Mrs./Miss/Dr./Ms) : \_\_\_\_\_

Last Name (Surname) : \_\_\_\_\_

First Name(Own Name) : \_\_\_\_\_

Middle(Fathers Name) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Birth Place \_\_\_\_\_

Native State : \_\_\_\_\_ Taluka \_\_\_\_\_ Dist. \_\_\_\_\_

Blood Group : \_\_\_\_\_ Sex \_\_\_\_\_ Handicapped. (Y/N) \_\_\_\_\_

Religion(Hindu/Muslim/Christian/Shikh/Others) : \_\_\_\_\_ Caste (Gen./OBC/SC/ST/Others) \_\_\_\_\_

Marital Status (Married/Unmarried/Widow/Divorced) \_\_\_\_\_ Identification Marks \_\_\_\_\_

#### \* Address Details

Permanent address :	Correspondence address
City :	
Postal Code :	
District :	
Region(State) :	
Mobile No.	Mobile No.
Telephone No.with STD Code :	Telephone No.with STD Code :
e-mail ID :	e-mail ID :

\* Registration No. (if applicable)

#### \*Medical Details :

Height (Inch) \_\_\_\_\_ Weight (Kg.) \_\_\_\_\_ Chest (Cm) \_\_\_\_\_



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

<b>Computer Knowledge :</b>
1) M.S. Office
2) Internet
3) Programming
4) Networking
5) Hardware
6) SAP / Other ERP
7) Typewriting with Speed (Lower / Medium/ Higher) a) English b) Gujarati

## SECTION – 5

### Employment data (Starting from present employment)

Duration		Total Experience	Employer's Name & Place	Position held / Designation	No. of persons reporting to you	Name & Designation of your reporting officer	Reason for seeking job change
From (dd/mm/yyyy)	To (dd/mm/yyyy)						

### Emoluments / Remuneration / Salary :

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							

For reference purposes, please mention below at least three respectable persons, 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 Testimonials / Documents attached :

1. School leaving certificate ( )
2. HSC ( )
3. SSC Marksheet ( )
4. Degree Certificate ( )
5. Diploma Certificate ( )
6. Graduation Marksheet ( )
7. Post Graduation Marksheet ( )
8. Experience Certificate ( )
9. Diploma Marksheet ( )

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 : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)