

# APPLICATION FORM

Please affix your  
photograph here

| A. THE ADVERTISED POST   |            |                          |          |                          |          |            |         |
|--|------------|--------------------------|----------|--------------------------|----------|------------|---------|
| POST - Cooperative Intern  |            |                          |          |                          |          |            |         |
| B. PERSONAL INFORMATION  |            |                          |          |                          |          |            |         |
| First Name   |            |                          |          |                          |          |            |         |
| Last Name  |            |                          |          |                          |          |            |         |
| Father's Name  |            |                          |          |                          |          |            |         |
| Date of Birth<br>(with Age in years)                             | <u>DOB</u> | Year                     | Month    | Days                     |          |            |         |
| Permanent Address  |            |                          |          |                          |          |            |         |
| Correspondence Address   |            |                          |          |                          |          |            |         |
| Nationality  |            |                          |          |                          |          |            |         |
| Marital Status   |            |                          |          |                          |          |            |         |
| Mobile No.   |            |                          |          | Mail id:-                |          |            |         |
| Whether belongs to reserve category (Yes/No)<br>Category details |            |                          |          |                          |          |            |         |
| Gender (Please tick)   | FEMALE     | <input type="checkbox"/> | MALE     | <input type="checkbox"/> |          |            |         |
| Do you have a disability? (Please tick)                          | YES        | <input type="checkbox"/> | NO       | <input type="checkbox"/> |          |            |         |
| Preference Location (Please tick one only)                       |            |                          |          |                          |          |            |         |
| Haldwani   | Almora     | Pithoragarh              | Haldwani | U S Nagar                | Dehradun | Uttarkashi | Kotdwar |
| Gopeshwar  | Roorkee    | Tehri                    |          |                          |          |            |         |

Preferred location:- ..... (Mandatory to fill)

| C. LANGUAGE PROFICIENCY – state 'good', 'fair' or 'poor' |                       |
|--|-----------------------|
|  | Languages (specified) |
| Speak  |                       |
| Read   |                       |
| Write  |                       |

| <b>D. QUALIFICATIONS ( Class 10th onwards)</b> |                              |                         |             |
|--|------------------------------|-------------------------|-------------|
| <b>Name of School / Institution</b>            | <b>Name of Qualification</b> | <b>Percentage/Grade</b> | <b>Year</b> |
|  |                              |                         |             |
|  |                              |                         |             |
|  |                              |                         |             |
|  |                              |                         |             |
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|  |                              |                         |             |
|  |                              |                         |             |

| <b>E. ADDITIONAL QUALIFICATIONS</b> |                              |              |             |
|-------------------------------------|------------------------------|--------------|-------------|
| <b>Institution</b>                  | <b>Name of qualification</b> | <b>Grade</b> | <b>Year</b> |
|                                     |                              |              |             |
|                                     |                              |              |             |
|                                     |                              |              |             |

**Note: Essential documents such as qualification and others (Self attested copies) are to be sent with application form via registered post only.**

| <b>F. WORK EXPERIENCE</b>   |                  |             |           |           |           |                           |     |    |
|---|------------------|-------------|-----------|-----------|-----------|---------------------------|-----|----|
| <b>Employer (including current employer)</b>  | <b>Post held</b> | <b>From</b> |           | <b>To</b> |           | <b>Reason for Leaving</b> |     |    |
|   |                  | <b>MM</b>   | <b>YY</b> | <b>MM</b> | <b>YY</b> |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
|   |                  |             |           |           |           |                           |     |    |
| If you were previously employed in the Public Service, indicate whether any condition exists that prevents your re-employment |                  |             |           |           |           |                           | YES | NO |
| If yes, provide the name of the previous employing department and attach original Experience certificate                      |                  |             |           |           |           |                           |     |    |

| <b>G. REFERENCES</b> |                            |                                |
|----------------------|----------------------------|--------------------------------|
| <b>Name</b>          | <b>Relationship to you</b> | <b>Tel. No. (office hours)</b> |
|                      |                            |                                |
|                      |                            |                                |
|                      |                            |                                |

| <b>DECLARATION</b>   |                     |
|--|---------------------|
| <p><i>I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.</i></p> |                     |
| <p><b>Signature:</b></p>   | <p><b>Date:</b></p> |