

NATIONAL SEEDS CORPORATION LIMITED

Schedule 'B' (Mini Ratna)

(A Government of India Undertaking)

CENTRAL STATE FARM, HISAR

10 km, SIRSA ROAD, HISAR – 125 001 (HARYANA)

APPLICATION FORMAT FOR DIRECT RECRUITMENTOF VEHICLE DRIVER / TRAINEE IN HR, STORE, AGRICULTURE, HORTICULTURE & TECHNICIAN

CAND	DATES TO FILL FEE PARTICULARS	SPACE FOR OFFICE USE ONLY	size photo (self		
* AMC	UNT OF FEE PAID				
Rs.	DD NO. DATE				
DRAW	EE BRANCH (ISSUING BRANCH NAME & ADDRESS	_			
	PART-I (BRIEF PARTICULARS OF CAN	JDIDATES)			
1.	ADVT. NO:	YEAR:			
1.	ADV1. NO:	YEAR:			
2.	NAME OF THE POST APPLIED FOR				
	NAME				
(IN CA	PITALS)				
4.	(a) DATE OF BIRTH (IN FIGURES)				
	(b) DATE OF BIRTH (IN WORDS)				
	(c) AGE (As on date of closing)				
5.	GENDER: (Write :1ø for Male, -2ø for Female)				
6.	WHETHER PHYSICALLY HANDCAPPED (Write :1øfor Yes, -2øfor	No)			
7.	COMMUNITY				
, ·	(Write :1' for SC, -2' for ST -3' for OBC AND "4' for GENERAL)				
8.	IS ANY AGE RELAXATION BEING CLAIMED? (Write :1øfor Yes, -2øfor No) IF :YESøFURNISHES DETAILS UNDER THE RELEVANT CATEG	ORY/ CATEGORIES	GIVEN BELOW:		
	(A) PHYSICALLY CHALLENGED				
	(B) EX-SERVICEMAN				
	(IF ANSWER TO 8(B) IS ÷YES TOTAL NO. OF YEARS OF ELIGIB IN THE ARMED FORCES	LE SERVICE			

9.	DO YOU POSSES THE ESSENTIAL EDUCATIONAL QUALIFICATIONS AS MENTIONED IN THE ADVERTISEMENT ? (Write :1øfor Yes, :2øfor No.)	
10.	(A) DO YOU POSSESS RELEVANT EXPERIENCE FOR THE POST? (Write :1øfor Yes, -2; for No)	
	(B) IF YES, INDICATE THE LENGTH OF EXPERIENCE AS ON CLOSING DATE	
11.	(A) DO YOU POSSESS HIGHER EDUCATIONAL QUALIFICATIONS (OVER AND (ABOVE THE ESSENTIAL EDUCATIONAL QUALIFICATIONS) (LIKE Ph.D., (M.Phil, M.Tech./M.E., M.D./M.S., Etc. ? (Write +1 ø for Yes, -2 ø for No)	
	(B) IF õYESö Write RELEVANT EDUCATIONAL QUALIFICATION	
12.	DO YOU POSSESS ANY OF THE DESIRABLE QUALIFICATIONS? (Write ∃øfor Yes, ∃øfor No, ∃øfor Not Applicable)	
13.	MODE OF SUBMISSION OF APPLICATION (Write ÷1øif Submitted by Courier -2øif submitted by Post/ Speed Post)	
Date:		Signature of the candida
		Signature of the candida
Date: Place: (Candi	idate must fill detailed particulars in Part-II of form)	Signature of the candida
Place:	idate must fill detailed particulars in Part-II of form)	Signature of the candida
Place:	idate must fill detailed particulars in Part-II of form)	Signature of the candida
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		<u>PART- II (DETAILEI</u>	<u>D PARTICULARS)</u>	
1.	Name of the Post:			·
2.	(a) Permanent Home Address :			
	(b)Address for Correspondence:			
	Tel:			
	Mob:			
	E-mail:			
3.	Citizenship:			
4.	Languages Known:-			
	Language	Read	Write	Speak
		I		
5.	Fatherøs Name:			
6.	Date of Declaration of Result of EQ ((Indicate day, month & year) EQ- Essential Qualification.	(i) and EQ (ii):		
7.	Choice of Center: (Only for Written I	Examination)	SURATGARH (I	RAJASTHAN)

8.	All Educational / other professional Qualifications/Training Course etc, Starting from Matriculation onwards.(If
	required attach addition sheet)

Level	Exam	Division /	Year of	Duration of the	Board/	Subject	Subject of
	Passed /	Grade % of	Passing	Degree/Diploma	Univ.		Specialisation
	Degree/	Marks		(Regular/Correspondence/			
	Training			Part time)			

9. Details of employment in Chronological order

Office/Instt.	Post	Part time/Contract	Exact	lates	Total P	eriod (in y	ears)	CDA/IDA scale of pay	Nature of
Firm	held	Basis/Ad-hoc/ regular/	to be g	iven				for employees of	duties (if
		Temp./pmt.	(indica	te				Govt./PSU/autonomous	required
			day, m	onth				Bodies etc./	attach
			& year					Emoluments	additional
			From	То	Years	Months	Days	(excluding HRA) for	sheet)
								Pvt. Sector employees	

10.		Complete Postal Address of the present employer (wherever applicable)
11.		Documents to be enclosed:-
11.	a)	Attested copy of proof of date of birth
	b)	Copy of mark sheets and Certificates for essential qualification (attested / self attested)
	c)	Copy of Caste Certificate issued by Empowered Authority. (attested/ self attested)
	d)	Experience & Salary Certificates.(includes offer of appointment, Appointment letter, Promotion letter, Relieving letter etc.
	e)	Disability Certificate in the prescribed form stating that persons suffering from not less than 40% of the relevant disability.
	f)	Documentary evidence regarding specialization in relevant field, certified by institute /University.
	g)	Wherever grade points are awarded, a certificate of equivalent percentage of marks certified by the Institute/ University.
	h)	D.D. of Rs. 500/- for General /OBC Candidates. No Fee for SC/ST/PH Candidates.
and inte	l bel	ereby declare that all the statements made in this application are true and complete to the best of my knowledge lief, In the event of any information being found false / incorrect or ineligibility being detected before or after the ew, my candidature will stand automatically cancelled.
Plac	ce:	Signature of the candidate
Dat	e:	Name