

NATIONAL SEEDS CORPORATION LIMITED Schedule 'B' (Mini Ratna) (A Government of India Undertaking) CENTRAL STATE FARM (PO), Via - JAWALAGERA

TQ: SINDHANUR, DISTT: RAICHUR

KARNATAKA - 584 143

APPLICATION FORMAT FOR RECRUITMNENT OF DIPLOMA TRAINEE (CIVIL ENGG.)/ TRAINEE IN HUMAN RESOURCE, FINANCE & AGRICULTURE

CANI	DIDATES TO FILL FEE PARTICULARS	SPACE FOR OFFICE USE ONLY	Recent Passport size photo (self attested)	
* AM	OUNT OF FEE PAID			
Rs.	DD NO. DATE			
DRAV	WEE BRANCH (ISSUING BRANCH NAME & ADDRESS			
	PART-I (BRIEF PARTICULARS OF	CANDIDATES)		
1.	ADVT. NO:	YEAR:		
		L		
2.	NAME OF THE POST APPLIED FOR			
	LL NAME APITALS)			
4.	(a) DATE OF BIRTH (IN FIGURES)			
	(b) DATE OF BIRTH (IN WORDS)			
	(c) AGE (As on date of closing)			
5.	GENDER: (Write '1' for Male, '2' for Female)			
6.	WHETHER PHYSICALLY HANDCAPPED (Write '1' for Yes, '2	2' for No)		
7.	COMMUNITY (Write '1' for SC, '2' for ST '3' for OBC AND "4' for GENER.	AL)		
8.	IS ANY AGE RELAXATION BEING CLAIMED? (Write '1' for Yes, '2' for No) IF 'YES' FURNISHES DETAILS UNDER THE RELEVANT CA'	TEGORY/ CATEGORIES	GIVEN BELOW:	
	(A) PHYSICALLY CHALLENGED			
	(B) EX-SERVICEMAN			
	(IF ANSWER TO 8(B) IS 'YES TOTAL NO. OF YEARS OF ELI IN THE ARMED FORCES	IGIBLE SERVICE		

- 9. DO YOU POSSES THE ESSENTIAL EDUCATIONAL QUALIFICATIONS AS MENTIONED IN THE ADVERTISEMENT ? (Write '1' for Yes, '2' for No.)
- 10. (A) DO YOU POSSESS RELEVANT EXPERIENCE FOR THE POST? (Write '1' for Yes, '2; for No)
 - (B) IF YES, INDICATE THE LENGTH OF EXPERIENCE AS ON CLOSING DATE
- (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' for Yes, '2' for No)
 - (B) IF "YES" Write RELEVANT EDUCATIONAL QUALIFICATION
- 12. DO YOU POSSESS ANY OF THE DESIRABLE QUALIFICATIONS? (Write '1' for Yes, '2' for No, '3' for Not Applicable)
- 13. MODE OF SUBMISSION OF APPLICATION (Write '1' if Submitted by Courier '2' if submitted by Post/ Speed Post)

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and
belief. I understand that action can be taken against me by the Corporation if I am declared by them to be guilty of any type of
misconduct mentioned herein.

Date:

Place:

Signature of the candidate

(Candidate must fill detailed particulars in Part-II of form)

PART- II (DETAILED PARTICULARS)

Name of the Post: _					
(a) Permanent Hom	e Address :				
(b)Address for Cor					
Tel:					
E-mail:		-			
Citizenship:					
Languages Known:					
	Language	Read	Write	Speak	
Father's Name:					
Date of Declaration (Indicate day, mont EQ- Essential Qual	h & year)	EQ (ii) :			
Choice of Center: (hoice of Center: (Only for Written Examination)		RAICHUR (KARNATAKA)		

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 of	Exact dates Total Period (in years)		CDA/IDA scale of pay	Nature of		
Firm	held	Basis/Ad-hoc/ regular/	to be given		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:-

- 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.
- 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.

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief, In the event of any information being found false / incorrect or ineligibility being detected before or after the interview, my candidature will stand automatically cancelled.

Place:

Date:

Signature of the candidate

Name____

(attested/ self attested)