ANNEXURE-I

APPLICATION FORMAT

APPLICATION FOR THE POST OF MANAGING DIRECTOR-CUM-CHIEF EXECUTIVE OFFICER

(Fill all columns in legible capital letter and use A4 Size paper. Candidate must fill in the Application and scan and convert the same as PDF to be mailed at address provided below)

To,

The Registrar of Cooperative Societies,
Court Street, D-Sector Naharlagun-791110
Department of Co-operation,
Govt. of Arunachal Pradesh.

Paste your recent passport size photograph and sign it across

Sir,

With reference to your advertisement No. _____ dated _____ , I hereby submit my application in the prescribed format in support of my candidature as under:-

1. **FULL NAME (IN BLOCK LETTERS):** (as it appears on your educational certificates) (leave one space blank between two parts of your name)

2. **ADDRESS FOR CORRESPONDENCE (IN BLOCK LETTERS):**

															P	**I**	**N**						

3. **DATE OF BIRTH:** (As per Matriculation/ H.S.C. Examination or equivalent date)
(dd-mm-yyyy) (format)

4. **CONTACT TELEPHONE NO.:** (with STD code)_____

5. **E-mail Address**: _____ Mobile No. **(1)**_____ **(2)**_____

6. **GENDER:** (Mark "✓" in the appropriate Box)

Male	Female

7. FATHER'S / HUSBAND'S NAME (IN BLOCK LETTERS):

8. NATIONALITY: _____

9. PLACE OF BIRTH:

Place: _____ District: _____ State: _____

10. PERMANENT ADDRESS (IN BLOCK LETTERS):

											S	**T**	**A**	**T**	**E**								
																P	**I**	**N**					

11. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS: (as on date of application) Details of Matriculation/ Higher Secondary School Examination/ Graduation/ Post Graduation as per the eligibility criteria prescribed for the posts concerned in the advertisement (as on the date of application)

Note: *If all the information in these boxes is not provided, the application will be rejected. Candidates must mail a copy of educational qualification in the email address provided.*

Sl. No.	**Particulars of Educational qualifications as per eligibility criteria**	**Name of the Board/ Institution/ University**	**Division**	**Percentage/ CGPA/SGPA**
1	Class-X Passed Certificate			
2	Graduation Certificate			
3	Master Degree Certificate			
4	Professional Certificate			
5	Any other (Specify)			

12. PARTICULARS OF EXPERIENCE INCLUDING THE PRESENT OCCUPATION/ JOB (as on the date of application):

Name of the Designation of employer (s) firms and rank if any etc. and the nature and details of activities carried out by the employer	**Period of** service		**Length of service** years, months, days	**Nature of duties** performed in detail	**Remarks** (Reasons for leaving service)
	From	**To**			

13. LANGUAGES KNOWN: (Mark "✓" in the appropriate Box)

Sl. No.	Language	Read	Write	Speak
1	Mother Tongue			
2	English			
3	Hindi/ Others			
4				

DECLARATION

I do hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the advertisement, my candidature/ appointment is liable to be cancelled/ terminated. I undertake to abide by all the terms and conditions mentioned in the advertisement No. dated

Place: _____

(Name & Signature of Candidate with date)

Date: _____

Note: Candidate must scan the filled application and convert it to PDF and mail the same to Email Address: **cooparun.mdadv@gmail.com.**