



FISHCOPFED

राष्ट्रीय मत्स्यजीवी सहकारी संघ मर्यादित

NATIONAL FEDERATION OF FISHERS COOPERATIVES LIMITED

7, सरिता विहार, इंस्टीटूशनल एरिया, नई दिल्ली - 110076,

7 Sarita Vihar Institutional Area, New Delhi-110076

Telephone: 011-26956692, 29943174 Telefax 26956693, website: www.fishcopfed.in

APPLICATION FORM

To be filled in by the candidate in his/her own handwriting.
All the columns should be properly filled in.
Incomplete application forms will be rejected summarily.

Affix recent signed Passport size photograph

1.	Post applied for	Director			
2.	Name in full (in BLOCK Letters)				
3.	Father's Name				
4.	Date of Birth				
5.	Age as on 26.09.2020				
6.	Category to which you belong: (SC/ST/OBC/General)				
7.	Details of Post held presently				
7(a).	Present Employment Status (Under Central Government/State Government/PSUs/Autonomous/ Cooperatives etc.) Please specify				
7(b).	Name of the Post being held				
7(c).	Since when holding the present post				
7(d).	Date of retirement				
7(e).	Pay band and Grade pay of the post holding presently				
7(f).	Nature of present appointment/ post (Regular/Deputation/ Contractual etc.)				
7(g).	Date of retirement				
8.	Educational/Professional Qualifications (Starting from Matriculation onwards):				
Exam Passed	Division/ Grade and percentage of marks	Year of passing	Duration of the degree/ diploma	Board/ University	Subjects

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9. Details of employment (in chronological order):

Organization	Post held	Permanent/ Deputation/ Contract	Scale of pay and last pay drawn	Exact dates to be given From— To	Total period (in years)	Nature of duties

10.	Total experience in years after educational qualification	
11.	Specilization if any:	
12.	Nationality:	
13.	Complete address of the Carde controlling Authority with phone no.	

14.	Address for correspondence: Telephone No.: Mobile No.: Email ID:	
15.	Permanent Address:	
16.	Present/Last Pay drawn: a) Pay Band: b) Grade Pay: c) Basic Pay: d) Total Salary:	
17.	How do you consider yourself to be the most suitable for the post?	

Declaration

I _____ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action may be initiated against me.

(Candidate's Signature)

Full Name:

Place:

Date:

Certificate

(TO BE GIVEN BY THE HEAD OF ORGANIZATION/OTHER AUTHORIZED OFFICER)

- 1) Certified that particulars have been verified and found to be correct. It is also certified that no Vigilance case or disciplinary proceedings is either pending or contemplated against Dr./Shri/Smt./Ms._____.

- 2) The application of Dr./Shri/Smt./Ms._____ is forwarded. In case of his/her selection, the Department/Organization will relieve him/her.

Date:

Place:

Name, Designation and Signature
of the Head of the Organization/ other
authorized Officer with office seal