North Eastern Regional Agricultural Marketing Corporation Ltd

**(A Govt. of India Enterprise)**

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| **Affix recent Passport size Photograph here** |

**9 Rajbari Path, G.S. Road, Ganeshguri, Guwahati-781005.**

**APPLICATION FORMAT**

**(Use Block Letters only)**

**Advt. No.**

**(Please fill up this form with utmost care**)

**Post Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Personal Details**
2. **Name (as appears in SSC certificate) :**

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1. **Father’s Name :**

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1. **Date of Birth :**

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| **DD** |  |  | **Month** |  |  | **YY** |  |  |  |  |

1. **Age as on 01 June,2017 :**

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| **Year** |  |  | **Month** |  |  | **Days** |  |  |

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1. **Sex (write M or F) :**

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1. **State of Domicile :**

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1. **Category (Gen./SC/ST/OBC)**

**Are you physically handicapped : Yes/No**

**If yes, please mention the details as follow:**

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**Type of Disability :**

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**Extent of disability as specified in the disability certificate :**

1. **CORRESPONDENCE ADDRESS:**

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**City/Town State Pin Code**

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**Tel. No. with STD Code Mobile**

1. **PERMANENT ADDRESS:**

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**City/Town State Pin Code**

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**Tel. No. with STD Code Mobile**

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**E-mail ID, if any**

1. **ACADEMIC PERFORMANCE:**
2. **Basic Qualifications:**

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| **Exam**  **Passed** | **Institution/**  **University/**  **Board** | **Branch of**  **Specializ-**  **-ation** | **Duration of**  **Study** | **Month &**  **Year of passing**  **MM/YYYY** | **Aggregate**  **% of**  **Marks** | **Full time/**  **Part Time/**  **Correspon-**  **-dence** |
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**Professional Qualification (Please mention qualification which makes you eligible) :**

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| **Exam**  **Passed** | **Institution/**  **University/**  **Board** | **Branch of**  **Specializ-**  **-ation** | **Duration of**  **Study** | **Month &**  **Year of passing**  **MM/YYYY** | **Aggregate**  **% of**  **Marks** | **Full time/**  **Part Time/**  **Correspon-**  **-dence** |
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1. **Additional Qualification, if any :**

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1. **DETAILS OF EXPERIENCE (If required, please attach separate sheet)**

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| **Name of the organisation** | **Designation** | **Scale of pay** | **Duration** | | **Nature of Duties** | **Reason for leaving** |
| **From**  **MM,YYYY** | **To MM/YYYY** |
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**Post Qualification Experience : Year Months**

**(F)WHETHER DEPARMENTAL CANDIDATE: Yes / No**

**Declaration:**

**I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any state it is discovered that an attempt has been made by me wilfully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily be rejected or terminated without any notice.**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant**

**Please Enclose:**

1. **Proof of SC/ST/OBC/PH Certificate (if applicable).**
2. **Certificates in support of age, educational qualifications, experience etc.**
3. **Please write advertisement No, Category & post applied for on the top of the envelope.**