KERALA CASHEW BOARD LIMITED

<u>APPLICATION FORM</u> (Application forwarded in format other than this will be summarily rejected)

(Affix recent passport size photograph here)	
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1.	Name of the Candidate (in block letters)	:	
2.	Age & Date of Birth	:	
3.	Sex (Male/Female/Trans Gender)	:	
4.	Religion	:	
5.	Caste	:	
6.	Category (SC/ST/ OBC/OEC/General)	:	
7.	Permanent Address (with PIN code)	:	
8.	Address for correspondence (with PIN code)	:	
9.	Telephone (Landline/Mobile)	:	
10.	Email Address	:	
11.	Current Employment Status	:	
	(Employed/Unemployed)		
12.	Total years of experience after prescribed educational qualification (as on 01/10/2017)	:	years,months

13.	13. Educational Qualifications (include details from Plus two/Pre-degree, Degree and above). Please attach self attested copies of the relevant certificates and mark lists						
SI. No.	Course	Institution	University/ Board	Year of Completion	Percentage of marks		
1.							
2.							
3.							
4.							
5.							
14.	 Work Experience Repeat the structure below to list all employments after prescribed qualification till date of application (<i>Please attach self attested copies of the experience certificates</i>) 						
1.	Organisation	:					
	Period	:					
	Designation	:					
	Work description	:					
	Your role and respons	sibilities :					
2.	Organisation	:					
	Period	:					
	Designation	:					
	Work description	:					
	Your role and respons	sibilities :					

3.	Organisation	:				
	Period	:				
	Designation	:				
	Work description	:				
	Your role and responsibilities	:				
15.	Any other relevant information that	you wish to furnish				
16.	16. References: (From previous employers/academic institutions)					
1.						
2.						
DECLARATION						
corr part is lia	ect to the best of my knowledge icular information given above being	ents made in this application are true, complete and and belief. I understand that in the event of any found false or incorrect, my candidature for the post as are liable to be terminated forthwith without any				
Plac						
Date	9:	Signature & Name of the Applicant:				
List	of Enclosures:					