

THE MALABAR MULTI STATE AGRO CO-OPERATIVE SOCIETY LIMITED
 1ST FLOOR AISWARYA COMPLEX, THAVAKKARA, KANNUR-2
 PH 0497 27602703
 PERSONAL DATA FORM

Affix
 Your photo
 Here

PERSONAL DETAILS

Name

Father's name

Mother's name

Mailing address

Post office

District

State

Land mark

Pin code **Land phone**

E-mail id

Mobile

Permanent address

Post office

District

State

Pincode **Land phone**

Religion **Cast e** GEN OBC SC/ST OC* MBC

Name

Designation

Department

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Have you ever been employed by this company?

Yes

No

Are you willing to work any where in India?

Yes

No

Mark your ID Name:

Voter's ID Card	Passport	Driving licence	Ration card
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Write here ID Number

Voter's ID No.	<input type="text"/>
Passport No.	<input type="text"/>
Driving licence No.	<input type="text"/>
Pan card No.	<input type="text"/>

Educational qualification (from SSLC/10TH Standard onwards)

Sl No	Examination passed	Main subjects	Board/university	Institution where the course was attended	Year of passing	Whether passed In first attempt		Max. marks	Marks obtained	%of mark	Class obtained
						yes	no				
1											
2											
3											
4											
5											

Technical / professional qualification

<input type="text"/>

others						

Whether course certificate produced:

Extracurricular activities

Details of previous experience

Sl. no	Name of the organization	designation	period	Nature of duties	Salary drawn	Reason for leaving	Contact person With ph .number

Any achievement in life

Awards /scholarship/certificate of merits received)

Whether using own conveyance, if so, particulars

 Yes

 No

If yes

Two wheeler	Three wheeler	Four wheeler
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If reference, name of the Director/employee

Designation

Department

Details of two important persons for personal reference (Other than relatives/family members with ph. Number)

1. **Name**

Position

Mobile

Mailing address

Post office **pin**

District **state**

2. **Name**

Position

Mobile

Mailing address

Post office **pin**

District **state**

Declaration: Ihereby declare that the information furnished above is true and correct to the best of my knowledge and no part thereof has been intentionally distorted.

Name:.....**signature:**.....**date:**.....

For office use only

Name of candidate: **Date of interview:** **venue:**.....

Signature			
Name			
Designation			
	Interviewer 1	Interviewer 2	Interviewer 3

Decision **select** **hold** **reject**

Mark list & certificate:

Course	Year wise/semester wise mark list	Original/provisional certificate	Copies/attested
SSLC			
PDC/HSC/VHSC/+2			
Graduation/ diploma			
Post graduation/diploma			

Head office use only

Recommended/ not recommended for the post ofat.....

Branch /department. Salary offered.....

Sanctioned by : Signature: