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

## **PERSONAL DETAILS**

Name														
Father's name														
Mother's name														
Mailing address														
Post office														
District														
State														
Land mark														
Pin code		L	and <sub>I</sub>	ohon	е [									
E-mail id														
Mobile														
Permanent address														
									<u> </u>	┦┞	<u> </u>		_	
Post office				][		] 	] <u> </u> 				] <u> </u> _		<u> </u>	
				]										
District														
State											][			
Pincode				La	nd ph	one								
												1.7	11	

										* To be	filled by	candidates	from oth	er states	
Date of birth														Age	
Gender	Male				Fem	nale				Nat	ionalit	y			
Height			Wei	ght						Blo	od grou	пр			
				SI n	0	Langu	ıages	kno	wn	Can	read	Can w	rite	Can s	peak
Marital status Sir	ngle			Mar	ried			W	idow	ed		Divor	ce		
If married, Spouse's Nam	е 🔙														
Occupation															
Number of children				Son						Dau	ghter				
Mention living status and	l approx	kimat	e val	ue of	the	prope	erty:								
Own house	Renta	al hou	ise			Othe	er				Specif	y owne	rship		
Rs.	Rs.					Rs.									
Details of family member	rs .					l .				ļ					
	Family	mem	bers		Α	.ge	Occ	cupa	tion				Inco	me	
	Father														
	mothe	r													
	Brothe	rs/sis	sters												
In case of emergency, pe	rson to	be co	ntact	ted w	ith I	Ph No	/ Mo	bile	No						
Name :		Pho	ne No	o:					Rel	ation:					
Is any of your relative wo	rking in	The	Mala	bar N	/lult	i State	e Agr	о Со	-ope	rative	societ	y limite	ed? If y	yes,	
fill particulars							-								

Na	me					Design	ation				
Dep	artment										
Hav	e you ever l	been em <sub>l</sub>	ployed by this co	ompany?	Yes	No					
Are	you willing	to work	any where in Inc	dia?	Yes	No					
Ma	rk your ID N	ame:									
Vot	er's ID Card		Passport		Driving li	cence		Rati	on card		
Wri	te here ID N	lumber						L			
Vot	er's ID No.										
Pas	sport No.										
	ing licence I	No.									
	card No.	-1:0:1:-	n (from SSLC/10	TH current		- 1					
		,		1		•		T		a, t	
SI No	Examination passed	Main subjects	Board/university	Institution where the course was attended	Year of passing	Whether passed In first attemp		Max. marks	Marks obtained	%of mark	Class obtained
1						yes	no				
2											
3											
4											
5											
								<u> </u>			
Tec	hnical / pro	fessional	qualification								

oth	ners								
			Г						
Wł	ethe	er course certificat	e produced:						
Ext	racu	rricular activities							
ъ.	•1 -	. <b>.</b>							
De	tails	of previous experi	ence						
	SI.	Name of the	designation	period	Nature of	Salary dr	awn	Reason for	Contact person
	no	organization			duties			leaving	With ph .number
An	y ach	ievement in life							
Aw	ards	/scholarship/cert	ificate of meri	ts receive	ed)				
\A/L	م ما 4 م م		aa :f.a.a						
VVI	ietne	er using own conve	eyance, ii so, p	articulars	Yes	No			
If y	es								
		Two wheeler		Three w	heeler		Four	wheeler	
_									
lf r	If reference, name of the Director/employee								
De	signa	ution				Departmei	nt		
De	315110					ocpai tillei			

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

1.	Name Position																	
	Mobile																	1
	Mailing address						] ]	] ] [	] ]						] ] [	] ] ]	][]	
	Post office											]   pin					]	
	District								stat	te								
2.	Name Position																	
	Mobile																	
	Mailing address																][]	
	Post office											pin						
	District								stat	te								
	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:		•••••	się	gnature	) <b>:</b>	•••••	•••••	•••••	d	ate:	•••••	•••••	•••••	•••••			
	For office use only																	

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

Signature							
Name							
Designation							
	Interviewer 1	Interviewer 2	Interviewer 3				
Decision select	t hold	re	eject				
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 ofatatat							
Branch /department. Salary offered							
Sanctioned by : Signature:							