

STATE FARMS CORPORATION OF INDIA LIMITED
(A GOVERNMENT OF INDIA UNDERTAKING)
“FARM BHAWAN”
14-15, NEHRU PLACE, NEW DELHI-110019.
Tel-011-2644 6903,2644 904 & 2644 6905
Fax-011-26220780 & 2622 6898

APPLICATION FORM

1. To be filled by the candidate in his/her own hand writing.
2. Ensure that the essential qualifications and experience are being fulfilled.

POST APPLIED FOR _____

1.	Name in full(in block capitals) Shri/Smt./Kumari	
2.	Postal Address in full(in-block Capitals to which communications should be sent	
3.	Date of Birth (in Christian era).	
4.	<u>MARTIAL STATUS:-</u> 1. Are you married? If your answer to (1) is "YES" state whether you have more than one wife/husband or you are married to a person having already a wife/husband living.	
5.	(a) Are you a citizen of India By birth and /or by domicile (b) Give Address	
6.	Place & State of birth	
7.	Whether SC/ST/OBC YES OR NO If Yes please attach a certificate from a competent authority .	
8.	Fathers Name	

9. Language you read, write and speak?

Give Particulars and state the examination(s) if any, passed in each.

Read only	Speak Only	Read and Speak	Read write & Speak	Examination Passed

Educational qualifications attended (from 10th onwards).

Name of Institution	Examination Passed	Class or Div. with % of marks	Subjects taken	year

10. Professional or special qualifications/training, if any.

11. If you are or have been employed under Govt. of any other Organizations/Public Sector Undertaking or autonomous body, give details of the service rendered in different offices with designations and scale of pay of the post held .

Name & address of office/organization	Post in which employed & Scale of Pay	Period of service		Reasons for leaving
		From	To	
1.	2.	3.	4.	

12. If any period(S) are not covered in column 12 above please give details:-

PERIOD		HOW SPENT
From	To	

13. Name & address of two references
(Other than relatives)

1.

2.

14. Are you already serving in the
(a) State farms Corporation of India
Ltd. Or under its farms.
- (b) If answer to (a) is “Yes” Name
Of the Farm/Office Post at present
Held with Scale of Pay
Whether employed on provisional basis/
Consolidated rates of pay or on daily wages
Or regular basis and date from which continuously
Employed.
15. List of documents attached.:- 1.
2.

DECLARATION TO BE SIGNED BY THE CANDIDATE:

I hereby declare that details given in this application are true to the best of my knowledge and belief.

Date: _____

Signature of applicant

**FOR THE USE OF GOVERNMENT SERVANT/EMPLOYEES OF PUBLIC
SECTOR UNDERTAKINGS/AUTONOMOUS BODIES, CERTIFICATE BY
HEAD OF OFFICE/ORGANISATION**

Certified that Shri /Smt./Km. _____ hold a temporary/permanent post of _____ in this organization . His/her character, so far as known to me , is good and I am not aware of any circumstances which show that he/she would be unsuitable for appointment to a post under the State farms Corporation of India limited.

**Signature
Designation
(with seal of office)**