PUDUCHERRY CORPORATION FOR THE DEVELOPMENT OF WOMEN AND DIFFERENTLY ABLED PERSONS LTD.,

(A Govt. of Puducherry Undertaking),

No.30, 2nd Cross Street, Pon Nagar, Reddiyarpalayam, Puducherry-605 010, Ph.No.0413-2203155.

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APPLICATION FORM

Note: i) Read notification before filling in the application

- ii) Candidates should submit separate application for each post iii) To be filled in by the Candidate in BLOCK LETTERS iv) Attested Copies of relevant certificates should be enclosed

| Application for the Post of (Separate application for Specific Posts) | | | Affix a recent passport size Photograph attested by a Gazetted Officer | | | | |
|---|--------|-------------------|--|-------------------|-----------|--|--|
| Applicant's Name (on Block Letters) | | | | | | | |
| Address for Correspo | ndence | Permanent Address | | | | | |
| | | | | | | | |
| Phone/Mobile Number | | E- | Mail ID | | | | |
| Date of Birth | | Male | | Marital Status | Unmarried | | |
| Place of Birth | | Sex | Female | Status | Married | | |
| Mother's Name | | | Father's Name | | | | |

| Educational Details-Attach Attested Photocopies of Certificates and Mark sheets | | | | | | |
|---|---------------------------------------|------|------------------------|--------------------------------|------------------------|--|
| Qualification | Name of the Board/ Universities | Year | College/ University | Subject/ Specializ ation | % / Grade/ Division | Full time/ Part time/ Distance Learning |
| Secondary/ Matriculation | | | | | | |
| Higher Secondary (10+2) | | | | | | |
| Graduation | | | | | | |
| Post Graduation | | | | | | |
| Any Other | | | | | | |
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| Employment Details (Previous) - Attach Photocopies of Experience Certificate | | | | | | | | | | |
| Name of the | | Des | Designation | | Key | | Period | | | |
| Organis | ation | | | | Responsibilities | ies 🗕 | | | 1 | |
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| Current Empl Name o | | | | | | | 14/- | | Ma | |
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| Organis | ation | | | Н | andled | | | rom | Remui | neration |
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| Computer Lit | eracy/T | yping Kı | nowledge | | | | | | | |
| Detai | ils | | | | Details | s of Ex | cpos | sure/Pro | oficiency | 7 |
| | | | | | | | | | | |
| Package/ Ap | plicatio | n | | | | | | | | |
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| Typing(Lowe | r/Hiahe | r) | | | | | | | | |
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| Language Proficiency | | | | | | | | | | |
| Language Ability to Converse | | | Ability to Read Ability to Wr | | | /rite | | | | |
| | Poor | Fair | Good | Poor | Fair | Goo | d | Poor | Fair | Good |
| | | | | | | | | | | |

| Language Proficiency | | | | | | | | | |
|----------------------|---------------------|------|-----------------|------|------|------------------|------|------|------|
| Language | Ability to Converse | | Ability to Read | | | Ability to Write | | | |
| | Poor | Fair | Good | Poor | Fair | Good | Poor | Fair | Good |
| English | | | | | | | | | |
| Tamil | | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| References: | | | | | | | | | |

Declaration

| I hereby declare that the foregoi | ng information is correct, | genuine and | complete to tl | he best of my |
|-----------------------------------|----------------------------|-------------|----------------|---------------|
| knowledge and belief and nothing | g has been concealed or d | listorted. | | |

| Place: | |
|--------|-----------------------|
| Date: | Signature of Applican |