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.

APPLICATION FOR THE POST OF PROJECT ADVISOR / STATE CO-ORDINATOR / RESEARCH OFFICER AND DATA ENTRY OPERATOR FOR ONE YEAR ON CONTRACT BASIS

Note: i) Read notification before filling in the application

Application for the Post of

(Separate application for

Any Other

- 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

Specific Posts)						Gaz	etted	Officer	
Applicant's Name (on Block Letters))								
Address for Correspondence				Permanent Address					
Phone/Mobile Number				E-	Mail ID				
Date of Birth				Sex	Male	Marital		Unmarried	
Place of Birth					Female	Status		Married	
Mother's Name					Father's Name		1		
Educational Det	ails-Attach Att	ested I	Phot	ocopie	s of Certifi	cates and M	ark s	sheets	
Qualification	Name of the Board/ Universities	Year			Subject	:/ % / Gra		Full time/ Part time/ Distance Learning	
Secondary/ Matriculation									
Higher Secondary (10+2)									
Graduation									
Post Graduation									

Affix a recent passport size

Photograph attested by a

Employment	Det	tails	(Previou	ıs) - Atta	ch Photo	copies o	of Experie	nce Cer	tificate		
Name of the					Key	litics	Period				
Organisatio	1			Ke	Responsibilities Handled		Fro	m	То		
Current Empl	oyr	nent	- Attac	n Proof o	f current	employ	ment		•		
	Name of the Designation			sponsibi		Work	ring	Moi	nthly		
Organisation	n				Handled		From		Remuneration		
Computer Literacy											
Package/ Details of Exposure/Proficiency											
Application											
Language Proficiency											
Language Ability to Convers				iverse	Ab	ility to F	Read	Ab	ility to Write		
		oor	Fair	Good	Poor	Fair	Good Poor		Fair	Good	
English											

Declaration:

Tamil

Other (Specify) References:

I hereby declare that the foregoing information is correct, genuine and complete to the best of my knowledge and belief and nothing has been concealed or distorted.

Place:	
Date:	Signature of Applican