

S. NIJALINGAPPA SUGAR INSTITUTE, BELAGAVI.

Affix photo

APPLICATION FORM FOR RECRUITMENT OF POST

(Accountant)

To be filled in by the applicant's in his / her own handwriting

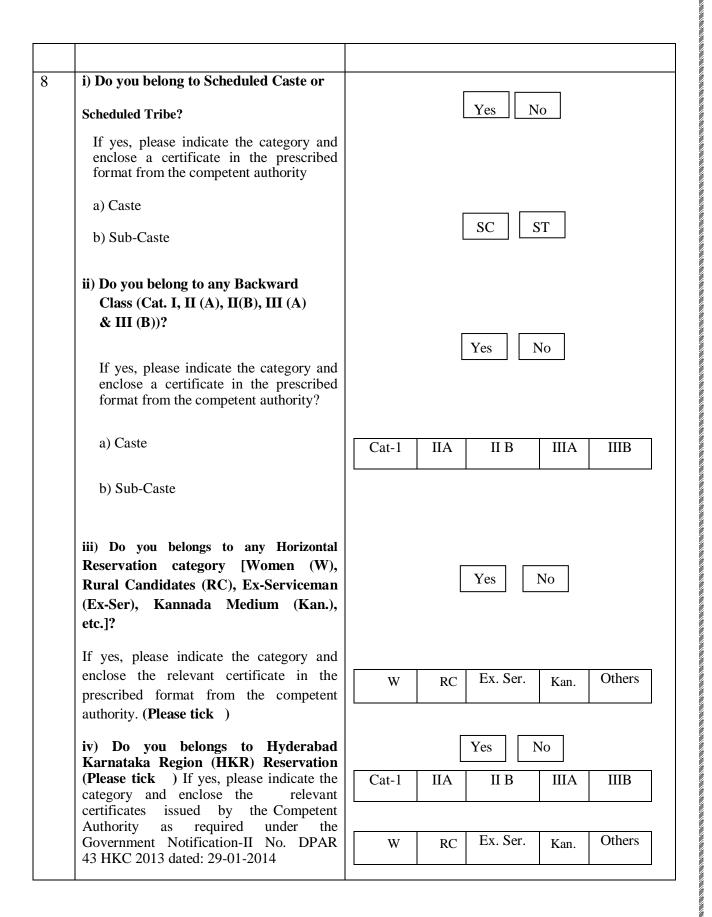
Name :		
Post applied for:	 	
Advertisement No. and Date:		

Information to the Candidates

- 1. Please answer each question clearly and completely, fill all the blank spaces, if not applicable please mention as "Not applicable."
- 2. Candidate has to paste stamp size / passport size photo in the place specified in the application form.
- 3. The eligibility and suitability of a candidate shall be considered based on the information provided in the application.
- 4. All claims mentioned in the application should be supported by relevant and authenticated documents.
- 5. Certificates for prescribed qualifications must have been obtained from Competent Authority on or before the last date of submission of application.
- 6. Applications should be complete in all respect as on the date of submission.
- 7. For Sl. No 11, Photo copies of all relevant mark sheets should be furnished. Any additional documents / certificates / records / photo copies provided after the last date for submission of filled-in application will not be considered.
- 8. For Sl. No. 12, Photo copies of relevant experience should be furnished, without which experience will not be considered. Any additional documents / certificates / records / photo copies provided after the last date for submission of filled-in application will not be considered.
- 9. If a candidate has submitted more than one application for the same post, the latest application submitted within the prescribed last date shall be considered as valid for the purpose of recruitment.
- 10. Incomplete applications will to be rejected.
- 11. The selection procedure will be in accordance with the norms laid out for the qualification / experience and others for the relevant posts and are as per the Advertisement published in News Papers and available in the website: www.nijalingappasugar.com

APPLICATION FORM

1	Name of the post applied for	
2	Name of the candidate in full:	
	(in capital letters as appearing in the degree certificate)	
3	Address for communications to be sent with pin-code No. and State.	
	Telephone No. with STD Code:	
	Mobile No. :	
	E-mail ID: (if any)	
4	a) Are you an Indian Citizen? (Please tick)	Yes No
	b) Religion	
5	a) Sex (Please tick)	Male Female
	b) Date of Birth	
	(to be supported by a copy of the valid certificate / SSLC Marks card)	Day Month Year
	c) Age as on the date of advertisement	Year Month
6	Marital status : (Please tick)	Single Married
7	Place of birth and district / state to which he / she belongs to	



	Note: 1. Claims under item -8 to be supported with valid certificates issued by competent authorities.							
	2. Cla	ims without req	uired certificates will	be treated under	GM Categ	ory		
9	a) Father	's name,	Address and					
	occupa	ation						
	b) Incon	ne per annum						
				Rs.				
				KS.				
10. L a	anguages kn	own						
La	anguage	Speak	Read	Write	Read ar	nd write	Exan	nination
11 1	. 1	. 1.6 4.						
	ademic Qu			Γ		T		
		Examining	Subject	Year of	Marks ol		Percentage	
	card / certifi	cates)	body/University	studied	Passing	out of tota	d marks	of Marks**

11. Academic Qualification:		T	T	Ι	
Examination Passed (enclose marks	Examining	Subject	Year of	Marks obtained	Percentage
card / certificates)	body/University	studied	Passing	out of total marks	of Marks**
SSLC					
PUC					
Bachelor's Degree					
Master's Degree					
Additional qualification if any *					

^{*}Additional qualification means masters degree of minimum of two years duration.

^{**}In case of CGPA / any other grade point system, the candidates are required to furnish the formula to convert to percentage from the concerned institute /university from where they have obtained the degree.

12. Relevant Experience details

Na	nme of the Employer	Designation / Cadre	Reporting Authority	Date of Leaving	Emolument Gross pay (Rs. per month)	Reasons for Leaving

Declaration by the candidate

Sl.No	Name of the document enclosed	Page No.
1		
2		
3		
4		
5		
6		
7		
8		

I hereby declare that information furnished in this Application Form is true to the best of my knowledge and belief. In case, if the information provided by me is proved to be false, I shall undertake that I may be punished in accordance with law.

Place	•
1 lacc	•

Date : Signature of the applicant