

# Application for the Post of Shift Supervisor

(on contract basis)

In The Trichur Co Operative Spinning Mills Ltd.

Vazhani.P.O,Wadakkanchery, Thrissure Dt.680589

Website: [www.tcsmltd.co.in](http://www.tcsmltd.co.in)

Your Passport  
Size Photograph  
to be pasted  
here. Put your  
signature across the  
photograph

## 1. Name of Applicant

Name in Capital Letters	
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## 2. Address:

2.1. Present Address	2.2. Permanent Address
Pin Code :	Pin Code :
Telephone with STD Code	Telephone with STD Code

Mobile Phone :	
e Mail ID	

3	Date of Birth	
3.1	Age	
4	Religion	
4.1	Caste	
4.2	Class (General/SC/ST/OBC)	
5.	Sex (Male/Female)	
5.1	Married/ Un Married	

## EDUCATION

6. Educational Qualifications: ( Mention only programmes that you have already completed)

Education	School / Polytechnic /College / University	Year of Passing	Class
6.1. SSLC			
6.2.PDC / PUC/ Higher Secondary			
6.3. Diploma in Textile Technology			

6.4. Degree in Textile Technology			
6.5. Other Qualifications if any			

( you can attach additional sheet for the above details)

### 7.0 Details of Computer Courses Undergone

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### 7.1. Familiarity and experience with computer with respect to the following:

Experience	Yes/No	Experience	Yes/No	Experience	Yes/No
7.2. Data Entry and Retrieval		7.5. Power Point		7.8. CAD CAM	
7.3. Excel 2010		7.6. On Line Monitoring System		7.9. Others Specify	
7.4. E Mail		7.7. ERP Environment			

## EXPERIENCE

### 8. Employment Experience: (Start with the present job and proceed towards the past)

Month & Year		Employer & Location	Designation	Total Salary per Month in Rs	Reasons for leaving
From	To				

( you can attach additional sheet for the above details)

**9. If selected, how much notice (days or months) you need to report for duty?**

**HEALTH**

9.1 Height	
9.2 Weight	
9.3 Do you wear glasses? Yes / No	
9.4 If yes, furnish details relating to the power of glasses?	

9.5 Do you have physical disabilities or handicaps? Yes / No	
9.6 If yes, furnish details	
9.7. Do you suffer from any chronic illness / handicaps? Yes / No	
9.8 If yes, specify giving details	

<b>Illness</b>	<b>Yes/No</b>	<b>Illness</b>	<b>Yes/No</b>
9.9 Allergy		9.13.Asthma/Bronchitis	
9.10. Cardiac Problem		9.14. Vision	
9.11. Diabetes		9.15. Hearing	
9.12.Hypertension		9.16. Orthopedic	

**9.17 Have you had any major illness or undergone major surgery during the past five years? Yes/ No**

**9.18 If yes, give details.**

**REFERENCES**

10. Mention names and addresses of two persons (other than relatives) who are familiar with your textile knowledge and experience to whom we can make enquiry about you:

<b>10.1 Name, Designation and Complete Address</b>	<b>10.2 Name, Designation and Complete Address</b>

Pin Code :	Pin Code :
Telephone :	Telephone :
Mobile:	Mobile:
e Mail ID:	e Mail ID:

### 11. Declaration

I hereby certify that all the information and statements made in this application are true and correct.

I understand and agree that if I am selected for employment, any misrepresentation of facts contained in this application will result in immediate termination of employment and legal proceedings.

Place:

**Name & Signature**

Date :

### **FOR OFFICE USE ONLY**

Date of Receipt of Application	
Call for Interview	Yes / No
Referee Report 1	Good/Bad
Referee Report 2	Good/Bad
Date for Interview	
Checked Documents	
Age	Yes / No
Education	Yes / No
Experience	Yes / No
Salary	Yes / No
Remarks	