

Application for the Post of Shift Clerk(on contract basis)

**In The Trichur Co Operative Spinning Mills Ltd.
Vazhani.P.O,Wadakkanchery, Thrissure Dt.680589**

Website: www.tcsmltd.co.in

<p>Your Passport Size Photograph to be pasted here. Put your signature across the photograph</p>
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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. Degree			
6.4. Others 1			
6.5. Others 2			

(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	

Illness	Yes/No	Illness	Yes/No
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:

10.1 Name, Designation and Complete Address	10.2 Name, Designation and Complete Address
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	

