



# ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸೌಹಾರ್ದ ಸಂಯುಕ್ತ ಸಹಕಾರಿ ನಿ.,

ನಿರ್ಮಾಣ ಭವನ, ಡಾ.ರಾಜಕುಮಾರ ರಸ್ತೆ, 1ನೇ ಬ್ಲಾಕ್, ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು -

560010 [www.souharda.coop](http://www.souharda.coop), Ph: 080-23378375-80,

Email:souharda@souharda.coop

## Application for the post of -----

Passport Size  
Photo

01	Name of the Applicant	Sex : Male/Female ----- Marital Status : -----
02	Permanent Address.	Pin Code: ----- Mobile No:-----
03	E-mail address	
04	Communication Address.	Pin Code: ----- Mobile No:-----
05	Father/Mother/Guardian Name & Occupation	
06	Date of birth – As per SSLC Marks Card	Date:----- Month: ----- Year: ----- Age : -----
07	Nationality	
08	Cast & Category :	
09	Aadhar No.	

<b>10</b>	PAN					
<b>11</b>	Educational Qualifications.	SL No	Education Qualification	Year of passing	Obtained Marks	Percentage
		1	S.S.L.C			
		2	P.U.C			
		Details of Graduation and Post Graduation				
		SL No	Education Qualification	Year of passing	Obtained Marks	Percentage
		1				
		2				
		3				
		4				
<b>12</b>	Experience					
		Designation	Experience Field	Reason for leaving	Period	
<b>13</b>	Present Emoluments & Scale of pay (Annual)					
<b>14</b>	Notice period for leaving present employment.					
<b>15</b>	Language Known		Language	Speak	Read	Write
		1				
		2				
		3				
		4				
<b>16</b>	Computer Knowledge					
<b>17</b>	Application Fee Payment Details	DD No:				
		Bank & Branch :				
		Date :				
		Amount :				
<b>18</b>	If the candidate is a member of a professional association/body, details of disciplinary action, if any, pending or commenced or resulting in conviction in the past or whether has been banned from entry into any profession/occupation at any time					
<b>19</b>	Details of prosecution, if any, pending or commenced or resulting in conviction in the past against the candidate.					

<b>20</b>	Details of criminal prosecution, if any pending or commenced or resulting in conviction against the candidate	
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**Undertaking**

I confirm that the above information is to the best of my knowledge and belief true and complete. I undertake to keep the Federal Co-operative fully informed, as soon as possible, of all events, which take place subsequent to my appointment, which are relevant to the information provided above. Further if any information found to be false or incorrect Federal Co-operative may take necessary actions against me.

Place:

Date:

Signature