

**APPLICATION FOR THE POST OF MEMBER IN
ANDHRA PRADESH STATE FOOD COMMISSION**

For office Use Sl. No.

Self-Attested
Passport size
Photograph

1. Name in Full ~~Name~~ (in Block letters) :

:

2. Father / Husband Name: :

3. Sex Male / Female / Transgender :

4. Date of Birth and age as on date of Notification :
(Attested copy of Date of Birth Certificate to be enclosed)

5.(a) Present Address

(b) Permanent Address
(Proof to be enclosed)

:

6. Contact Numbers
(with telephone .Mobile number)

7. Category (SC/ST)
(candidates belongs to SC/ST must
Attach Caste Certificate)

:

8. Nationality :

9. Educational Qualifications :

Sl. No	Name of Examination /Degree	Year of Completion	Name of Board/University/ Examining Body	Division/% of Marks/Grade
1	2	3	4	5

9. (a) Whether in service or retired at present :

If in service, nature of present employment :
 (In service candidates should apply through proper channel)
 If retired, the date of retirement & the post :
 last held

(b) details of employment and work experience in Chronological order (enclose in separate sheet if necessary)

10. Details of employment and work experience in chronological order (Enclose in a separate sheet)

Sl. No.	Office/ Institution/ Organisation	Post Held	Duration		Scale of pay Grade Pay, Basic Pay, etc	Nature of duties
			From	To		
1						
2						
3						

11. Details of experience/Knowledge in the fields as specified in the detail advertisement (Elaborate the exact contribution of the applicant with relevant testimonials / certificates or any other evidence to substantiate the claim)

12. Additional information, if any, in support of suitability for the post. Enclose a separate sheet if necessary.

Declaration

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If at any time, I am found to have concealed/distorted any material information, my appointment shall be liable to summarily termination without notice.

(Full Signature of the candidate)

Date:

Place:

List of Document enclosed:

Sl.No.	Particulars	No. of documents
1	Date of Birth	
2	Caste Certificate (SC /ST only)	
3	Educational Qualifications	
4	Professional Experience	
5	Any other documents attached (Please give details)	
5 (a)		
5 (b)		
5 (c)		
5 (d)		
TOTAL		