

KERALA STATE WAREHOUSING CORPORATION
APPLICATION FORM FOR THE POST OF
PEST CONTROL WORK CONSULTANT (ON CONTRACT BASIS)

1. Full Name : _____

2. Father's Name : _____

3. Permanent Address : _____

Affix recent Self
attested passport
size Photograph

4. Address for correspondence: _____

5. Date of Birth : _____

6. Sex: Male: Female:

7. Religion : _____ Caste: _____

8. Nationality : _____

9. E-mail id : _____

10. Telephone No. (With STD Code) : _____

11. Mobile No. (if any) : _____

12. Educational Qualification: (Enclose self attested copy of relevant Certificates)

| Qualification | Percentage of marks | Year of Passing |
|---------------|---------------------|-----------------|
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| | | |
| | | |

13. Experience :

| Name of the Organisation | Designation | Nature of duties | Period | | Duration |
|--------------------------|-------------|------------------|--------|----|----------|
| | | | From | To | |
| | | | | | |
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14. Additional Information if any :

*** Demand Draft towards application fee, Self attested copies in proof of age, qualification and experience must be attached with the application form.**

*** Candidates employed in Govt. Dept/PSU should apply through proper channel.**

Declaration: I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria, my candidature/appointment will be cancelled/terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the Rules, Regulations and procedures for appointment to the post applied for.

Date:

Place

Signature of Applicant