



# Maharashtra State Seeds Corporation Limited

Mahabeej Bhavan, Krishinagar, Akola 444 104

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CIN : U01200MH1976SGC018990

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## BIO – DATA

## APPLICATION FOR THE POST OF

1	Full Name of the Candidate (in block capital starting with surname)											
2	Address											
	Permanent	Address for Correspondence										
	Mob.No :	Email Address :										
3	Date of Birth (day/month/year)	/ /										
	Place of Birth	Domicile State :										
4	Age as on ( / /2017 )	Years			Months			Days				
5	Whether Belonging to (tick whichever applicable)	SC	ST	VJ A	NT B	NT C	NT D	SBC	OBC	Open	Ex. Ser	P.H .
	Mention Caste/Sub-Caste (enclose Caste Validity Certificate)											
	Category of Physically Handicapped (percentage & type of disability)											

6	Mother Tongue					
7	Languages Known	Read				
		Write				
		Speak				
8	Qualifications (including additional Qualification etc)					
	Name of Board /University/ Institute	Diploma /Degree	Year of passing	No.of attempt and % of marks & Class	Subjects of specialization	
9	Experience					
	Name of the Employer	Post Held	Period		Pay Scale	Reason of leaving
			From	To		
	Special Experience in seed industry etc. if any					
10	Computer Training / Knowledge					
11	Extra Curricular Activities					

12	References		
	Name	Position	Address with Telephone Nos.
13	Marital Status : Married/Unmarried	No. of Children	No. of Dependents
14	Are you an Ex-serviceman		
17	Have you ever worked /trained in this Corporation, if so, name of Post & period		
18	Any other information you wish to supply		

I declare and certify that the above facts and statements made are true to the best of my knowledge and belief without consequential omissions of any kind whatsoever and I understand that any mis-statement and suppression of facts, if any, noticed subsequently will subject to immediate dis-qualification/ dismissal in case I am selected for the post. Also I undertake that my selection shall be subject to the verification of my character and antecedents by the competent authority as the Corporation may deemed fit and if the same is found to be unsatisfactory, my services shall be terminated immediately without assigning any reasons.

Dated :

Place :

\_\_\_\_\_  
(Signature of the Applicant)

Full Name : \_\_\_\_\_

Encl: 1) \_\_\_\_\_ (2) \_\_\_\_\_  
 3) \_\_\_\_\_ (4) \_\_\_\_\_  
 5) \_\_\_\_\_ (6) \_\_\_\_\_

Note :

- Must enclose necessary attested copies of all certificates for the items mentioned above.
- Application without requisite necessary documents shall be rejected.

**UNDERTAKING REGARDING SMALL FAMILY FORM-A RULE-4**

Shri/Smt/Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_  
\_\_\_\_\_ aged \_\_\_\_\_ years, resident of \_\_\_\_\_

do hereby declare as follows :

- 1) That I have filed my application for the post of \_\_\_\_\_
- 2) I have \_\_\_\_\_ (number) living children as on today. Out of which number of children born after 28<sup>th</sup> March, 2005 is \_\_\_\_\_ (Mention date of birth if any).
- 3) I am aware that if any total number of living children are more than two due to the children born on and after 28<sup>th</sup> March, 2006, I am liable to be disqualified for the said post.

Place :

Date :

(Signature of the candidate)