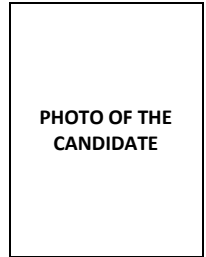


FORMAT OF APPLCIATION TO BE DOWNLOADED AND THE FILLED APPLICATION SHALL BE POSTED TO THE OFFICE OF THE MANAGING DIRECTOR, KARNATAKA NEERAVARI NIGAM LIMITED, NO.1, 4th FLOOR, COFFEE BOARD BUILDING, DR.B.R.AMBEDKAR VEEDHI, BENGALURU-560 001.

FORMAT

APPLICATION FOR THE POST OF

KNNL NOTIFICATION NO. & DATE



1. NAME:

2. FATHER NAME:

3. ADDRESS: A) POSTAL ADDRESS:

.....

B) CONTACT NO: (M)..... (L)

C) E-MAIL ID :

4. AGE & DATE OF BIRTH:

5. CASTE:

5. LANGUAGES KNOWN:

6. QUALIFICATION:

SL. NO.	EXAMINATION PASSED	INSTITUTION/UNIVERSITY	% MARKS	YEAR OF PASSING
1				
2				
3				
4				
5				

7. TECHNICAL QUALIFICATION:

(A) WHETHER EXPERIENCED IN TALLY ERP 9 : YES / NO

(B) OTHER TECHNICAL QUALIFICATION :

SL. NO.	TECHNICAL QUALIFICATION	INSTITUTION	YEAR OF PASSING
1			
2			
3			
4			
5			

8. NO. YEARS OF EXPERIENCE (CERTIFICATE TO BE ENCLOSED):

SL. NO.	ORGANISATION	POSITION HELD	YEAR	
			FROM	TO
1				
2				
3				
4				
5				

9. CERTIFICATES TO BE ENCLOSED FOR THE FOLLOWING:

- i. CASTE
- ii. KANNADA MEDIUM
- iii. RURAL CANDIDATE
- iv. EX-SERVICEMEN
- v. OTHER

(SIGNATURE)

PLACE:

DATE: