

Internal Applicants only (For the posts of MA and PL Categories)

			(For the posts of MA and PL Categories)			
App	olication for the post of	• • • • • • • • • • • • • • • • • • • •				
		State Timber Corporation	on			
	<u> </u>	applying for in cases where va specified will be considered for a	cancies are mentioned with places in the ll the places mentioned.			
Forr	n (A) –( To be completed by the	he relevant employee)				
	LICANT INFORMATION	<b>2 v</b> ,				
1) E	E.P.F No :					
2) F	Full Name:					
3) I	Date of Birth:					
4) (	Current Designation:					
5) F	Present working Station / Division :					
6) I	Date of First Appointment to the Corporation:					
7) F						
	Designation / Post	Appointment Date	Service period			
QUA	ALIFICATIONS (Copies of the	certificates are not required when	submitting the application)			
8) I.						
II.	G.C.E. (A/L) Examination	Year				
	Subject	Result				
			••••			

III.	G.C.E. (O/L) Examination	Year/Years:					
	Subject	Result	Subject	Result			
				• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •					
IV.	Diplomas and other educational qua	Diplomas and other educational qualifications etc.					
0)	D						
9)	Professional Qualifications						
				• • • • • • • • • • • • • • • • • • • •			
				• • • • • • • • • • • • • • • • • • • •			
		•••••					
10)	O) Other Qualifications						
				• • • • • • • • • • • • • • • • • • • •			
	Date		Signature of the Applicant	• • • • • • • • • • • • • • • • • • • •			
	Date		Signature of the Applicant				
Form (B) – (To be completed by the Head of the Division )							
I hereby certify that the above information is true and correct and that the applicant is a permanent employee of State Timber Corporation and he/she is employed in this region/unit/division.							
11) Recommendation: Recommended / Not Recommended.							
Date			General Manager/ Deputy General Manager Regional Manager/Head of the Division State Timber Corporation				