



Application Form		
F	For the post of	
Form (A) –(To be completed by the relevant employee) <u>APPLICANT INFORMATION</u>		
1)	E.P.F No:	
2)	Full Name:	
3)	Date of Birth:	
4)	Current Designation:	
5)	Present working Station / Division :	
6)	Date of First Appointment to the Corporation:	
7)	Posts held in the corporation and the duration of each post held:	
	Designation / Post Appointment Date Service period	
<u>JQ</u>	<u>UALIFICATIONS</u>	
8)	Educational Qualifications  I. Post Graduate Degrees / Post Graduate Diplomas (Please state the Subject, Year & the University)  II. Bachelor's Degree (Please state the Subject, Year & the University)	
	III. Diplomas and other educational qualifications etc.	
8)	Professional Qualifications	
9)	Other Qualifications	

11) A short description about your contribution for the develop	oment and the progress of State Timber Corporation:		
Date	Signature of the Applicant		
Form (B) – ( To be completed by the Head of the Division 14) Does this applicant for the past 05 years:  • Subject to disciplinary punishment? YES / NO • If it is YES, please describe.	1)		
<ul> <li>Has obtained all due increments. YES / NO</li> <li>Work and Behavior. GOOD / VERY GOOD / EXC</li> </ul>	CELLENT		
15) Recommendation:			
16) Reasons for not recommendation : ( IF APPLICABLE C	ONLY)		
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17) Special reasons for a promotion (IF ANY )			
Date	General Manager/ Deputy General Manager Regional Manager/Head of the Division State Timber Corporation		