KAMARAJAR PORT LIMITED
APPLICATION FORM

Affix recent passport size photograph

FOR CONSULTANT (OFFICIAL LANGUAGE)

1. Name: _____

2. Father's / Husband's Name : _____

3. Age/Date of Birth (as on **12.11.2025**) : _____/_____
   (Attach the Certified copy of proof of date of birth)

4. Gender (Male/Female) : _____

5. Marital Status: _____

6. Category (UR/OBC-NCL/SC/ST) : _____
   (Attach the community certificate duly certified)

7. Whether belonging to Minority Community (if yes, please specify):_____

8. Communication Address: _____

   _____

   _____

   Phone No. _____ STD Code _____

   E-mail, : _____

9. Nationality: _____

10. Qualification

    (a) Educational: (Class 10^{th}/12^{th}/Graduation/Post Graduation)

Examination / Degree	College/University	Year of Passing	Regular / part time /Distance education	Discipline/ Subject	Class / Division	%

Note: **Enclose self attested copies of the certificates.**

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(b) Computer knowledge : Hindi typing / Hindi Translation

11. Experience (chronological order) :

Organization Name	Job Title / Designation	Period		Nature of Appointment (Regular / Temporary / Ad-hoc / Contract)	Job Description	Scale of Pay
		From	To			
Total years of experience						

Note: **Enclose experience certificates.**

12. Present Emoluments indicating scale of pay, basic pay, other allowances (Kindly attach pay slip and break-up detail) :

13. Name, address, Contact no., E-Mail of the present employer:

14. Any other information:

Declaration:

I hereby declare that I have verified the details indicated above and also confirm that all the information submitted is true to the best of my knowledge. I understand that in the event of any information furnished by me being found false/incorrect or my ineligibility being detected before or after the interview, my candidature will stand automatically cancelled.

(SIGNATURE OF THE CANDIDATE)

Name of Candidate: _____

Date:_____

Place:_____