

**M.P. STATE MINOR FOREST PRODUCE (T&D) COOPERATIVE  
FEDERATION LIMITED**

Van Bhawan, A-Block, First Floor, Tulsi Nagar, Bhopal-462003  
PHONE: (0755) 2674202, 2674349, Website: www.mpfederation.org  
Email: md.mfpfed@mp.gov.in, mpmfpit@gmail.com

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**APPLICATION FORM**

**For the engagement of retired Assistant Conservator of Forest (ACF) for the post of  
Marketing Assistant at MP State Minor Forest Produce (T&D) Co-operative  
Federation Limited**

**(To be filled in BLOCK LETTERS)**

Affix recent  
Passport Photo

**1. Detailed Information**

1	Post Applied For	
2	Name of Applicant	
3	Father's/Husband's Name	
4	Date of Birth	
5	Gender	
6	Category (SC/ST/OBC/General)	
7	Aadhaar Number	
8	PAN Number	
9	Mobile Number	
10	Email ID	
11	Correspondence Address	
12	Permanent Address	

**2. Service Particulars**

<b>S.N.</b>	<b>Particulars</b>	<b>Details</b>
1	Department from which retired	
2	Designation at the time of retirement	
3	Date of First Appointment	
4	Date of Retirement	
5	Total Length of Service	
6	Pay Level/Pay Scale at Retirement	

### 3. Professional Experience

Organization/Office	Designation	Period (From-To)	Nature of Work

### 4. Experience in Forestry, NTFP/MFP, Joint Forest Management, Research, Training, or Other Relevant Areas

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### 5. Details of Last Five Years' ACRs/APARs Prior to Retirement

S.N.	Year	Grading Obtained
1		
2		
3		
4		
5		

(Copies of ACRs/APARs for the last five years shall be enclosed.)

### 6. Vigilance/Disciplinary Status

1. Whether any disciplinary proceedings were pending at the time of retirement?

- Yes / No

2. Whether any vigilance/criminal case is pending?

- Yes / No

**If yes, provide details:**

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**7. Health Status**

I hereby declare that I am physically and mentally fit to perform the duties assigned under the proposed engagement.

Signature: \_\_\_\_\_

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**8. Details of Documents Attached**

- PPO (Pension Payment Order)
- Retirement Order
- Aadhaar Card
- PAN Card
- Educational Qualification Certificates
- Last Five Years' ACRs/APARs
- Vigilance Clearance Certificate
- Medical Fitness Certificate
- Any Other Document (Specify) \_\_\_\_\_

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## Declaration

I hereby declare that all the information furnished above is true and correct to the best of my knowledge and belief. I understand that if any information furnished by me is found to be false or incorrect, my candidature/engagement is liable to be cancelled at any stage.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant**

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

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### For Office Use Only

Application Received on: \_\_\_\_\_

Documents Verified: Yes / No

Eligibility Status: Eligible / Not Eligible

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Scrutiny Officer: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_