

**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**

**"Engagement for the Post of Marketing Coordinator in M.P. State Minor Forest  
Produce (T& D) Co-operative Federation Limited, Bhopal"  
(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. Educational Qualifications**

Examination	Board/University	Main Subjects	Year of Passing	Division/Grade
High School				
Higher Secondary				
Graduation				
Post-Graduation				
Other Qualifications				

### 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. 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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### 6. Details of Documents Attached

- Aadhaar Card
  - PAN Card
  - Educational Qualification Certificates
  - 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:

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

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

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

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