



GOVERNMENT OF KERALA
DEPARTMENT OF FISHERIES



SOCIETY FOR ASSISTANCE TO FISHERWOMEN (SAF)
APPLICATION FORM

Theeramythri Project 2019-20

Application for the post of *Livelihood Professionals* on temporary contract basis

Name of the candidate (in block letters)				
Permanent address		Pin: District :		
Address for communication		Pin: Mobile No: Email ID: District :		
Date of birth & Age as on 01.11.2019				
Religion & Caste				
District in which you prefer to work				
Are you ready to work coastal areas of any district of Kerala				
Are you a Two wheeler driving license holder?				
Educational Qualification				
Qualification	Name of Course	Year of passing	University/Board	Mark in percentage
Graduation				
Post Graduation				
Others				

Experience (starting from latest to last 2 years)

Post held	Institution/firm	Period	Years of experience (year & month)	Major responsibilities

Declaration

The statements made above are true and correct to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

- NB:
1. Self attested copies of certificates in proof of name, age, qualification and other desirables should be submitted along with the application
 2. Need to fill all the columns