

**KERALA STATE CO-OPERATIVE FEDERATION FOR  
FISHERIES DEVELOPMENT LTD.  
(MATSYAFED)  
APPLICATION FORM FOR EMPLOYMENT**

NAME OF THE POST .... OPERATOR

1	NAME (IN BLOCK LETTERS)			
2	Father's Name			
3	Address			
4	Phone No. Email ID			
5	Age & Date of Birth			
6	Religion & Caste (Please Specify whether belongs to SC/ST/OBC)			
7	Sex (Male / Female)			
8	Marital Status			
9	Educational Qualifications with % of marks (SSLC onwards)			
	Examination Passed	Subjects of Study	Year of Passing	% of Marks
10	Details of Experience			

I hereby declare that the above details furnished by me are true to the best of my knowledge and belief.

Signature:

Name