

KAMARAJAR PORT LIMITED
APPLICATION FORM
FOR CONSULTANT (Finance)



1. Name: _____
2. Father's / Husband's Name : _____
3. Age/Date of Birth (as on **24.04.2026**) : _____ / _____
(Attach the Certified copy of proof of date of birth)
4. Gender (Male/Female) : _____
5. Marital Status: _____
6. Communication Address: _____

Phone No. _____ STD Code _____
E-mail, : _____
7. Nationality: _____
8. Educational & Professional Qualifications:
(a) Class 10th/12th/Graduation/Post Graduation/Professional

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

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

(b) Computer knowledge :

9. 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**

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

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

12. 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: _____

**KAMARAJAR PORT LIMITED
APPLICATION FORM**

Affix recent
passport size
photograph

FOR CONSULTANT (CS / CS-Inter)

1. Name: _____
2. Father's / Husband's Name : _____
3. Age/Date of Birth (as on **24.04.2026**) : _____ / _____
(Attach the Certified copy of proof of date of birth)
4. Gender (Male/Female) : _____
5. Marital Status: _____
6. Communication Address: _____

Phone No. _____ STD Code _____
E-mail, : _____
7. Nationality: _____
8. Educational & Professional Qualifications:
(a) Class 10th/12th/Graduation/Post Graduation/Professional

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 :

9. 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**

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

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

12. 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: _____

**KAMARAJAR PORT LIMITED
APPLICATION FORM**

FOR CONSULTANT (Estate)



1. Name: _____
2. Father's / Husband's Name : _____
3. Date of Birth (DD/MM/YEAR): _____ Age _____ (as on **24.04.2026**)
(Attach the Certified copy of proof of date of birth)
4. Gender (Male/Female) : _____
5. Date of Retirement & Department : _____
6. PPO No. (Copy to be enclosed) : _____
7. Place of Posting before retirement : _____
8. Address (Permanent/Communication) : _____

Phone/Mobile No. _____ STD Code _____
E-mail, : _____

9. Educational Qualifications:
(a) Class 10th/12th/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.**

(b) Computer knowledge :

10. Experience Details (Service in Revenue Department) :

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**

11. Any departmental/disciplinary proceedings : Yes/No

DECLARATION

I, the above named applicant do hereby declare that the information given above is true to the best of my knowledge and belief and nothing has been concealed therein.

(SIGNATURE OF THE APPLICANT)

Name of Applicant: _____

Date: _____

Place: _____