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5. EDUCATIONAL QUALIFICATION:-

6. THE DATE OF RETIREMENT:-

7. POST /POSITION AT THE TIME OF RETIREMENT:-

8. DATE OF PASSING HIGHER DIPLOMA IN COOPERATION:-

9. PRACTICAL EXPERIENCE IF ANY IN COOPERATIVE:-

10. PRESENT AGE:-

11. PAN NO.

**11. PERIOD UNDER WHICH WORKED AS A AUDITOR IN THE
COOPERATIVE DEPARTMENT:-**

DECLARATION:-

- 1. I hereby declare that all the statements made in the application are true to the best of my knowledge and belief and the application has been filled up by me.**
- 2. I will abide by the directives /instructions issued by the Registrar and duties and powers of the Auditors as specified under sub-section (1),(2) and (3) of Section 75 of the Goa Cooperative Societies Act, 2001.**
- 3. Any willful misrepresentation of facts and concealment of information will results in the cancellation of my name from the panel of Auditors.**
- 4. The application alongwith duly attested copies of relevant documents such as Educational Qualification, other certificates etc. should reach to the Department, on or before the stipulated date at 'Sahkar Sankul' , 4th & 5th Floor , Patto- Panaji, Goa.**

I hereby accept all the terms and conditions inserted in the Annexure appended to this application and also paid prescribed fees of Rs.50/- vide Receipt No. _____ dated _____ .

Place:-

Date:-

(Signature of the Applicant)