## APPLICATION FOR APPOINTMENT /ENROLLMENT OF RETIRED GOVERNMENT OFFICER/OFFICIAL.

To, The Registrar, Cooperative societies, Government of Goa, Mala, Panaji-Goa.

Paste coloured photograph (Do not staple)

Sir,

I, the undersigned retired Government Officer/Official would like to convey my willingness to enroll my name on the panel of certified Auditors to conduct the audit of the Mutually Aided, Notified and State Aided Cooperative Societies in the State of Goa for the year 2009-10 & 2010-2011 alongwith the arrears if any. The Biodata and other testimonials are as under:-

## 1. NAME IN BLOCK CAPITALS:-

<b>2.</b> F	ATHE	ERS N	IAMI	E:-						

3. PERMANENT ADDRESS WITH PIN CODE AND TELE NO. E-MAIL ID IF ANY:-

					PIN			
<b>E-</b>								
E- MAIL TELE								
TELE								

## 4. PRESENT ADDRESS WITH PIN CODE AND TELE NO.IF ANY:-

					PIN			
MOBILE								
NO. E-MAIL								
E-MAIL								
TELE								

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:-
<ol> <li>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.</li> <li>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.</li> <li>Any willful misrepresentation of facts and concealment of information will results in the cancellation of my name from the panel of Auditors.</li> <li>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', 4<sup>th</sup> &amp; 5<sup>th</sup> Floor, Patto- Panaji, Goa.</li> </ol>
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)