**FORM OF APPLICATION TO THE POST OF MEMBER, DISTRICT CONSUMER**

**DISPUTES REDRESSAL COMMISSION, ……………………………….**

**(**(herein enter the name of District to which applied for)

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Father's Name |  |
| 3 | Age & Date of Birth |  |
| 4 | Permanent Address |  |
| 5 | Communication Address |  |
| 6 | Mobile No. |  |
| 7 | E-mail  |  |
| 8 | Educational Qualification (From Degree onwards) | **Course** | **Grade/ % of Marks** |
|  |  |
|  |  |
|  |  |
|  |  |
| 9 | Awards/ Recognition if any, with details |  |
| 10 | Experience in the relevant field(As in qualification criteria) | **Field** | **Experience in Years** |
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| 11 | Other experience, if any |   |
| 12 | No. and date of enrolment as advocate (if applicable) |  |
| 13 | Whether Govt. Servant? If yes, furnish: Date of entry into service, Date of retirement, Pay and Scale of pay. |   |
| 14 | Whether Retd. Govt. Servant? If yes, furnish Date of entry into service, Date of retirement, Pay and Scale of pay at the time of retirement. |  |
| 15 | Specify your contributions in the field of Consumer awareness/ consumer protection activities, if any. |  |
| 16 | Have you ever served as President/ Member in Consumer Disputes Reddressal Forum/ Commission? If yes, give details. |  |

I, ………………., hereby solemnly affirm that the facts furnished above are correct to the best of my knowledge, belief and information.

Signature & Name

\*All fields are mandatory. Separate sheets to be added if necessary. All claims must be supported by copies of documents, of which originals to be produced as and when called for.