

(Application format)

Application for the post of Independent Member, CGRF.

Affix your
recognizable
recent Passport
size photograph

1. Name in full:

[illegible]

2. Full Address for correspondence:

[illegible]

3. a) Date of Birth :

D	D	M	M	Y	Y
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b) Age as on **01/07/2025**: Years Months Days

4. Sex : ☐ Male ☐ Female (Please tick appropriate box)

5. Qualification Details :

Degree / P.G. Degree with name of the University / Institution	Year of Passing	Percentage of Marks & Class

6. Experience :

a) Details of professional experience *:

Sr. No.	Organization	Position Held	Period		Experience in Years
			From	To	

b) Details of affiliation with Registered Voluntary Consumer Protection Organization*:
(Applicable only for Independent Member)

Sr. No.	Organization	Registration No.	Position Held	Period		Experience in Years
				From	To	
				Total Exp.		

*Attach separate sheet if required

7. Details of other Activities undertaken: _____

8. Options of the Locations for the post of Independent Member, CGRF (Up to 5 options of locations).

1. _____

2. _____

3. _____

4. _____

5. _____

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I declare that all the above information and particulars are correct and that I will stand disqualified if any information is found to be incorrect at any stage.

Place : _____

Signature & Name

Date : _____