

**APPLICATION FORM OF ESM FOR CONCESSIONAIRESHIP OF
GOPALJEE FARM FRESH KIOSKS/RETAIL OUTLET**

(Form to be submitted in duplicate)

DGR Regn No GFF- _____

1. No and Rank _____

2. Name _____

ix
3. Fathers Name _____

4. Present Address _____

5. Permanent Address _____

6. Telephone No _____

Mobile No _____

7. E-mail ID _____

8. Date of Birth _____

9. Date of Enrolment _____

10. Date of Retirement/Discharge
(attach copy of ESM I-Card) _____

11. Qualification (Civil) _____

(Defence) _____

12. Character on Discharge
(attach copy of Discharge Book) _____

13. Medical Category _____

14. PPO order No (attach Photocopy) _____

15. Whether employed/unemployed _____

**Affix Passport
size photo**

