

# भारतीय राष्ट्रीय उपभोक्ता सहकारी संघ मर्यादित, मुंबई NATIONAL CO-OP. CONSUMERS' FEDERATION OF INDIA LTD., MUMBAI

(Under Administrative Control of Ministry of Consumers Affairs, Food & PDS, Govt. of India)

GSTIN: 27AAAAN0109N3ZM

शाखा कार्यालय : 65,67,68, सीता राम मिल्स कंपाउंड, एन. एम. जोशी मार्ग, चिंचपोकली, मुंबई - 400 011.

Branch Off.: 65,67,68 Shree Sitaram Mills Compound N. M. Joshi Marg, Chinchpokli, Mumbai - 400 011.

Tele.: 022 2308 1220 / Email: mumbainccf@gmail.com

NCCF/Mum./Admin/2024-25/

Date- 17/12/2024

#### **Vacancy Advertisement**

NCCF Mumbai invites applications for the post of Junior Advocate staff at NCCF Mumbai Branch purely on contract basis, of National Cooperative consumers' Federation of the India Ltd. (NCCF)

Sr. No	Name of Post	No of Post	Qualification	Experience	Salary	Age	Duration Contract Period
1	Junior Advocate	01	LLB (Bachelor of Legislative Law	3 to 5 Years	35,000 to 40,000/ per Month	35 Max.	6 Months (Full Time)

#### **Terms and Conditions**

- 1. This engagement is only for filling the requirement of manpower for a limited purpose.
- In case, if the services of candidate found unsatisfactory, His/Her services may be discontinued immediately.
- The period of contract if required will only be extended only with the approval of the Competent Authority as per requirement.

Interested candidate who fulfill the prescribed eligibility criteria may send their CV's via E-mail to <u>mumbaincef@gmail.com</u> along with application form (Annexture 1) along with the CV & other supporting documents related to work experience & educational qualifications, on or before 20<sup>Th</sup> December – 2024, 06:00 PM.

Application received after the due date will not be considered.

Branch Manager

# **Application Form**

To,
NCCF Mumbai, National Cooperative Consumors' Federation of Latin 14.1
National Cooperative Consumers' Federation of India ltd.
65, 67 & 68, Shree Sitaram Mills Compound, N. M. Joshi Marg, Mumbai - 400 011.
Subject: Application for the Post
1. Personal Information
Full Name
• Date of birth
• Age
Gender
Address for Communication
Contact Number
Email Address

# 2. Educational Qualifications

Qualification	Institution	Year of Passing	Percentage/ Grade

# 3. Professional Experience

Organization	Duration	Key Responsibility
· ·		
_	Organization	Organization Duration

# 4. Technical Skills if any

# 5. Additional Skills & Qualifications

# 6. Key Achievements

### 7. References

Name	Position	Organisation	Contact Information

#### 8. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that any false information may result in my disqualification or termination of employment.

Date.	٠.	٠	• •	•				•	•	•	•	•	•		•		٠	•	٠	•	•	•	•	٠	•		•	٠	
Place					•						•	•		•	•			•			•					•		•	
Signa	tı	ır	e		•	•	•		•	•	•					•							•	•	•		•	•	•

#### **Enclosures:**

- 1. Self- attested copies of educational certificates
- 2. Self- attested copies of experience certificates
- 3. Any other relevant documents

(Signature)