

Krishi Vigyan Kendra, Sujani,

Deoghar – 814152 (Jharkhand)



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APPLICATION FORM

Languages	Speak	Read	Write
18. Languages known:		_	
17. Blood Group			
16. Category			
15. Religion			
14. Marital Status			
13. Aadhar No			
12. Email ID			
11. Contact No			
10. Correspondence Address			
9. Permanent Address			
B. Physical Disabilities (if any)			
7. Date of Birth			
6. Nationality			
5. Father's Name			L
4. Name of the applicant (In block letters)			
B. Demand Draft No			[SELF-ATTES]
. Adv. Ref. & Date			PHOTOGRAI [SELF-ATTES]
Post applied for			AFFIX

19.	Particulars of	facademic	and tecl	hnical	qualifications:
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Examination or degree	Examination Board	Year of passing	Division / Grade	% of Marks	Subjects

20. Particulars of employment:

Duration

21. Training/ Participation in Seminar/ Symposium/ Conference/ Workshop/ Webinar:

Title Organization/ Institution	Organization/	Duration	Period		
		From	То		

22. Any other experience:

Details

23. Knowledge in Computer Application	(Yes / No) If Yes, give details thereof:
24. If employed, attach "No Objection C	Certificate" of the employer/ Head of the Institution:
25. Name and Designation of two refere	ees:
<u>:</u>	SELF DECLARATION
	hereby certify that entries in this form and additional ectly stated. I understand that whenever any of the facts stated above are
found to be incorrect, my appointment is	s liable to be quashed.
E-mail:	Mob No
Place:	Date:

Signature of Applicant