

Krishi Vigyan Kendra, Nawada (A Unit of Indian Council of Agricultural Research)

Gram Nirman Mandal, Sarvodaya Ashram, Sokhodeora, Kawakol, Nawada- 805106 (Bihar)

Application Form for Supporting Staffs (Grade-I)

Ad	vertisement No.	:			_			
Application for the post of		:			Affix self-			
1.	Name of the candidate in Block letters	:				attested recent colour passport size photograph		
2.	Father's Name	:						
3.	Date of Birth (as per High School Certificate)	:						
4.	Age (as on last date of application)	:	Year	Mont	ths	_Days		
5.	Gender (Male/Female)	:						
6.	Marital Status	:						
7.	Nationality	:						
8.	Religion	:						
9.	Category (Please tick)	: UR	, OE	BC	, SC/ST_	PwD		
10.	(a) Correspondence address with pin co	de:						
	(b) Permanent address with pin code	:						
	(c) Contact details*	:	Phone:		Mob.:			
			E-mail:					
11.	Are you a citizen of India by birth/dom	icile?						

- 12. Have you ever been convicted by a court of law for any offence? If so, give details thereof.

Name of Examination	Year o Passin	-	stitute/ Uni	Su	Specialized bject(s) with major field	Division Grade Marks	(%)
Matriculatio	n						
Intermediate (10+2)	<i>:/</i>						
Graduation							
ITI pass							
Other qualification	ns						
Designation	ng from the	present Major d	position)		ers, if any; N Place of posting		Period
		work e	experience	msutute	posting	From (DD/ MI YYYY	M/ (DD/ MM
(b) Years o	•	`		,	lar activities)		
S. No.	Activ	ity		evel of icipation	Achiever	nent	Remarks
-				-			
1.							
2.							

16. Particulars of ap	opiication fee: D.D. No
Rs	Date
Bank and Branch	1
17. Any other inform	nation candidate may like to add in separate page if any.
the best of my kno given above being after my appoint	do hereby, declare that the information furnished above is true and correct to wledge and belief. I understand that in the event of any particulars/information g found false/incorrect and/or if any discrepancy in the particulars is detected ment, or account of willful suppression and/ or distortion on my part, andidature is liable to be rejected or my services shall be liable to be terminated ase may be.
Place:	Signature
Date:	Name of the Candidate

REMARKS OF THE PRESENT EMPLOYER

(In the case of those who are already in service in original letter head)

The	applicant			Son/Da	augh	ter of			is
holding a	permanent/	Temporary/	Adhoc	post	of		i	n	the
Institution/0	Organization/U	University	• • • • • • • • • • • • • • • • • • • •		f	rom	and h	is/	her
present basi	ic pay is Rs	•••••	P.M. H	is/ her	appli	cation is fo	rwarded and	he/	she
will be relie	eved in case he	e/ she is select	ed for the	post a	pplie	d for.			
_							~.		
Date:							Signati	ıre	
Place:						(Desig	nation of Aut		•
							(with offici	al se	eal)

Details Of Enclosures:
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

(10)