

Virendra Kumar Singh Krishi Vigyan Kendra Dhaura, (Mohan-Malihabad Road) Unnao-209881 (U.P.)



APPLICATION FORM FOR THE POST PROGRAMME ASSISTANT (LAB ASSISTANT)/T-4 & FARM MANAGER/T-4

To be	filled by the candidate								
Name	e of the Post Applied for								
	. of Post Applied for								
	gory against which applica	ations b	eing						
	applied for date of receipt of applicati	on							
Last	aate of receipt of applicati	UII							
1	Name in full (in capital letters)								
2	Father's Name								
3	Address								
	(a) Present Postal								
	Address (with pin								
	code)								
	(b) Permanent address (with pin code)								
4	(a) Are you married? Yes/No	(b) Male/Female					(c) Differently Abled ? Yes/No		
5	Category* (UR/OBC/SC/ST/EWS)								
6	Date of Birth	Day	Month	Year	7. Age on Closing Date	Year	Month (s)	Day (s)	
8	(a) Telephone No. (with STD code)								
	(b) Mobile No.								
9	Nationality								
10	State of Domicile								

12 Professional Experience: S.N. Designation & Pay Scale of the Post Employment (Regular/Temporary) 13 I						1				
S.N. Designation & Pay Scale of the Post Employment (Regular/Temporary) Scale of the Post Employment (Regular/Temporary) Date of Leaving Duration (Year/Month)										
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Scale of the Post (Regular/Temporary) Scale of the Post (Regular/Temporary) Joining Leaving (Year/Month)		*	_		T 5 (T 50 /			
(Regular/Temporary) (Regular/	S.N.			_		_		_		
13 I		Scale of the Post			Join	ıng	Leav	ıng	(Yea	r/Monun)
correct to the best of my knowledge & belief and also that I have not concealed any fact or withheld any information regarding my past service and record and that if any entry is found to have been concealed, I will be disqualified for selection or if appointed will be liable to termination without any notice or compensation. I hereby also declare that I have not been convicted by Court of Law for any offence or involved in any criminal offence or indiscipline. I certify that I have read General Instruction. Date: Place: Signature of Candidate Attach self-attested copy of certificate issued by competent authority. List of certificates, testimonials (self-attested copies) & other documents attached with application − (√) in box: Medical fitness certificate (Annexure I) Certificate from Personnel Office for in-service candidate (Annexure II) Reservation Certificate (if applicable) Testimonials, transcripts, certificates, degrees Experience certificates along with detail of salary per month, grade etc Other supporting documents Total number of attached documents =			(Regular/Tel	nporary)					+	
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6 Other supporting documents Total number of attached documents =										
Total number of attached documents =				salary per	r month,	grade	etc			
		11 5								

Educational Qualification:

(Please mark page umber in all attached documents)

Exam/Degree/Diploma

Name of

Board/Univ.

%or

Grade

Subject

Year

Class of

Division

Remarks

11

S.N.

Annexure – I

Medical Fitness Certificate

(May be provided in this format or on the letterhead of	Hospital or	Medical
Doctor)		

Medical Fitness Certificate to be issued by the Medical Doctor (MBBS or higher qualification).
I Have personally examined the applicant, Name;; S/D/o
(Signature of Doctor) Stamp/Seal) Complete Address:

Annexure – II

<u>Certification from Personnel Office for In-service candidate</u>

Certi	fied	that	Mr./Ms/Mrs./Dr	S/D/o
			is working as	in
the	pay	scale/grade	from	to
		on	Regular/Ad-hoc/Contractual	basis. No vigilance
enqui	iry/dis	sciplinary cases are pen	ding against him/her. He/She h	as not been punished since
last 5	year	s. His/her work of last	five years is found satisfactory.	. If selected, he/she will be
relive	ed.			
Signa	ature:.			
Date	:			
Name	e:			
Desig	gnatio	n with office seal		

Important Instruction:

- 1. Before submission of Application Proforma the candidate should see the details of posts, requisite qualifications & experience, terms & conditions, pay grade/emoluments, processing fee and other details posted on the Krishi Vigyan Kendra, Unnao website https://unnao.kvk4.in/.
- 2. The crucial date for determining the age limit of candidate will be the closing date for receipt of application.
- 3. The closing date for receipt of application is 10.03.2025 by 5:00 PM
- 4. The last date of receipt of the applications 30 days from the date of publication of this advertisement.
- 5. The application who wish to apply for more than one post, should submit separate Application forms in separate envelopes accompanied by relevant enclosures.
- 6. The candidates are required to submit attested copies of certificates in support to their claims regarding age, educational qualification, SC/ST/OBC/EWS/PH *etc.* along with their application.
- 7. The candidates apply for the post as notified should ensure that they fulfil all the prescribed eligibility conditions as on the closing date for receipt of applications.
- 8. The filled application form duly signed and affixed with a recent passport size photograph along with self-attested copies of certificates in support of claim regarding age, educational qualification, SC/ST/OBC/EWS *etc.* should be sent only to "Incharge, V.K.S. Krishi Vigyan Kendra, Dhaura (Mohan Malihabad Road), Unnao-209881 (U.P.)
- 10. Applications received after due date for whatsoever reason including postal delay will not be considered.
- 11. No TA/DA will be paid to the candidates for appearing in the test.



भाकृअनुप—वीरेन्द्र कुमार सिंह कृषि विज्ञान केन्द्र धौरा, (मोहान—मलिहाबाद मार्ग) उन्नाव (उ० प्र०) 209881



7	कायक्रम सहायक (लंब टक्नाशियन) / टा—4 एवं प्रक्षत्र प्रबन्धक / टा—4 पद के लिए आवेदन पत्र									
अभ्य	र्थी द्वारा भरा जाना है									
पद व	पद का नाम जिसके लिए आवेदन किया जा रहा है									
पद इ	म्मांक जिसके लिए आवेदन किया	जा रहा	6							
जिस	श्रेणी के लिए आवेदन किया जा	रहा है								
आवेव	न प्राप्त करने की अंतिम तिथि									
1	पूरा नाम									
2	पिता का नाम									
3	पता									
	(क) वर्तमान डाक पता (पिनकोड़ के साथ)									
	(ख) स्थायी पता (पिनकोड़ के साथ)									
4	(क) क्या आप शादीशुदा है ? हाँ / नहीं	(ख) पुरूष / महिला			(ग) दि	(ग) दिव्यांग जन हाँ ⁄ नहीं				
5	श्रेणी * (सामान्य/अनु0 जाति/अनु. जन—जाति/अन्य पिछड़ा वर्ग/आर्थिक रूप से कमजोर वर्ग									
6	जन्म की तारीख	दिन	माह	वर्ष	7. विज्ञाप अंतिम ति		माह	दिन		
					तक आयु					
8	(क) दूरभाष संख्या (एसटीडी कोड़ के साथ)					ईमेल :				
	(ख) मोबाइल नम्बर					• • • • • • • • • • • • • • • • • • • •				
9	राष्ट्रीयता				1					
10	अधिवास का राज्य									

11	शैक्षणिक योग्यता								
क्र. स.	परीक्षा डिग्री / डिप्लोमा	बोर्ड / विश्वविद्यालय का नाम	वर्ष	विषय	प्रति ग्रेड	शत या	वर्ग	श्रेणी	टिप्पणी
12	कार्य अनुभवः	T						1	
क्र. स.	पद का नाम एवं वेतनमान	रोजगार की प्रव (नियमित/अस्थ	कृति गायी)	ग्रहण व	कार्यभार ग्रहण करने की ति की तिथि				धे (वर्ष / माह)
13	मैयह घोषणा करता / करती हूँ कि इस आवेदन पत्र में की गई प्रविष्टियाँ मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सत्य और सही है और यह भी कि मैने अपनी पिछली सेवा और रिकार्ड के बारे में कोई तथ्या नहीं छिपाया है या कोई जानकारी नहीं छिपाई है और यह कि यदि कोई प्रविष्टि छिपी हुई पाई गई तो, मै चयन के लिए अयोग्य हो जाऊंगा / जाऊंगी या यदि नियुक्त किया जाता हूँ तो बिना किसी नोटिस या मुआवजे के बर्खास्तगी के लिए स्वंय उत्तरदायी होऊँगा / होऊँगी। मैं एतद् द्वारा यह भी घोषधा करती / करती हूँ कि मुझे किसी भी अपराध के लिए न्यायालय द्वारा दोषी नहीं ठहराया गया है या किसी आपराधिक अपराध या अनुशासनहीनता में शामिल नहीं किया गया है। मै प्रमाणित करता / करती हूँ कि मैने सामान्या निर्देशो को पढ़ लिया है। तारीख:								
	स्थानः				उम	भीदवार के	हस्त	गक्षर	

 ^{*} सक्षम प्राधिकारी द्वारा जारी प्रमाण पत्र की स्व प्रमाणित प्रति संलग्न करें।

14	प्रमाणपत्रों, प्रशंसापत्रों (स्व प्रमाणित प्रतियों) और आवेदन के साथ संलग्न अन्य दस्तावेजों की सूची — बॉक्स में सही का निशान लगायें।	(√)
1	मेडिकल फिटनेस सर्टिफिकेट (संलग्नक-1)	
2	सेवारत उम्मीदवार के लिए कार्मिक कार्यालय से प्रमाण पत्र (संलग्नक —2)	
3	आरक्षण प्रमाण पत्र (यदि लागू हो)	
4	प्रशंसापत्र, प्रतिलेख, प्रमाण पत्र, उपाधि	
5	प्रति माह वेतन, ग्रेड आदि के वितरण के साथ अनुभव प्रमाण पत्र	
6	अन्य सहायक दस्तावेज	

संलग्न दस्तावेजों की कुल संख्या =
संलग्न पृष्टों की कुल संख्या =
(कृपया सभी संलग्न दस्तावेजों में पृष्ठ संख्या अंकित करें)

संलग्नक -1

स्वास्थ्य प्रमाण पत्र

(इस प्रारूप में या अस्पताल या मेडिकल डॉक्टर के लेटरहेड पर उपलबध कराया जा सकता है) स्वास्थ्य प्रमाण पत्र मेडिकल डॉक्टर (एमबीबीएस या उच्च योग्यता) द्वारा जारी किया जायेगा।

मैने	व्यक्तिगत	रूप	से	आवेदक						,
	_									
पुत्र /	⁄ पुत्री					की	जॉच	की	है	और
उसव	का स्वास्थ्य	फिट्र	⁄ अन	ाफिट पाय	ा गया।					

(चिकित्सक के हस्ताक्षर) मुहर पूरा पता—

संलग्नक — 2

सेवारत उम्मीदवार के लिए कार्मिक कार्यालय से प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/सुश्री/श्रीमत	fl / डॉ		
पुत्र / पुत्री / पत्नी	वेतनमान / ग्रेड	दिनाँक	से
तक नियमित / तदर्थ / सां	विदात्मक आधार पर कार	र्यरत रहा ⁄ रही है। उनके खि	ग्रल <u>ा</u> फ
कोई सतर्कता जांच/अनुशासनात्मक	मामले लंबित नहीं है।	उन्हें पिछले 5 वर्षो से दंडित	ा नहीं
किया गया है। उनका गत पांच वर्षो का कार	र्य संतोषजनक पाया गय	। है। यदि इनका चयन हो	जाता
है, तो उन्हें कार्यमुक्त कर दिया जायेगा।			
	हस्ताक्षर :		
	तारीख :		
	नाम :		
	कार्यालय मुह	इर के साथ पदनाम :	
	दूरभाष संख्य	π:	
	इेमेल :		

Important Instruction:

- 1. आवेदन पत्र जमा करने से पहले उम्मीदवार को पदों का विवरण, आवश्यक योग्यता और अनुभव, नियम और शर्ते, वेतन ग्रेड/परिलब्धियाँ कृषि विज्ञान केन्द्र की वेबसाइट https://unnao.kvk4.in/. पर पोस्ट किए गए अन्य विवरणों को ध्यान से पढ़े।
- 2. उम्मीदवार की आयु सीमा निर्धारित करने की निर्णायक तिथि आवेदन प्राप्त करने की अंतिम तिथि होगी।
- 3. आवेदन प्राप्त करने की अंतिम तिथि 10.03.2025 सायंकाल 05:00 बजे तक होगी।
- 4. आवेदन प्राप्त करने की अंतिम तिथि इस विज्ञापन के प्रकाशन की तिथि से 30 दिन है।
- 5. उम्मीदारों को अपने आवेदन के साथ उम्र, शैक्षिक योग्यता, अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग/आर्थिक रूप से कमजोर वर्ग/दिव्यांगजन आदि के अपने दावों के समर्थन में प्रमाणपत्रों की स्व प्रमाणित प्रतियाँ जमा करनी होगी।
- 6. जो आवेदक एक से अधिक पद के लिए आवदेन करना चाहते हैं उन्हें अलग—अलग लिफाफे में अलग—अलग आवेदन पत्र संलग्न करना होगा और प्रत्येक पद के लए संबंधित संलग्नक और बैंक ड्राफ्ट संलग्न करना होगा।
- 7. अधिसूचित पदों के लिए आवेदन करने वाले उम्मीदवारों को यह सुनिश्चित कर लेना चाहिए कि वे आवेदन प्राप्त करने की अंतिम तिथ को सभी निर्धारित पात्रता शर्तों को पूरा करते हैं।
- 8. आयु, शैक्षिक योग्यता, अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग/आर्थिक रूप से कमजोर वर्ग आदि के सम्बन्ध में दावों के समर्थन में प्रमाणपत्रों की स्व प्रमाणित प्रतियों के साथ वर्तमान की पासपोर्ट साइज की फोटो के साथ विधिवत हस्ताक्षरित और चिपका हुआ आवेदन पत्र केवल प्रभारी, वीरेन्द्र कुमार सिंह कृषि विज्ञान केन्द्र, धौरा (मोहान—मलिहाबाद मार्ग) उन्नाव—209881 (उत्तर प्रदेश) को भेजना होगा।
- 10. डाक विलम्ब सहित किसी भी कारण से निर्धारित तिथि के बाद प्राप्त आवेदनों पर विचार नहीं किया जायेगा।
- 11. परीक्षा में शामिल होने वाले उम्मीदारोंको कोई यात्रा भत्ता / महगाई भत्ता (**TA/DA**) नही दिया जायेगा।
