Application Form (Technical Post)- (A)

Subject Matter Specialist (Animal Husbandry)

Ad	Advertisement Reference and date:						
Ap	plication for the post & S. No.:						
1.	Name of the candidate in Block letters	:				Affix self	
2.	Father's Name	:				attested recent colour	
3.	Nationality	:				passport size photograph	
4.	Date of Birth (as per High School Certificate) & Place of Birth	:				(do not staple)	
5.	Age (as on closing date of Advertisement)	:	Year	_Months	Days		
6.	Gender (Male/Female)	:					
7.	Marital Status	:					
8.	Religion	:					
9.	Category (Please tick)	:GEN_	· · · · · · · · · · · · · · · · · · ·	OBC	, SC/S	Т	
10.	(a) Full postal address with pin code	:					
	(b) Permanent address	:					
	(c) Contact details	:	Phone:		M	ob.:	
			E-mail:				
	(d) Aadhar Number	:					
11.	Are you a citizen of India by birth/dom	icile?					
12.	Have you ever been convicted by a cou	rt of lav	v for any o	ffence? If so	o, give deta	ils	

thereof.

13.	Educational Qualification (Commencing from Senior Secondary School): The self-
	attested all certificates and mark sheets should be enclosed with application.

Level	Year of Passing	Institute/University	Specialize Subject(s) with major field	Class/Division/Grade/ Marks/Percentage	Remarks
12 th					
Graduation					
Masters					
Ph. D.					
Other qualifications					

14. (a) Employment record (starting from the present position):

Designation	Pay Scale	Major discipline of work	Nature of work	Organisation/ Institute	Place of posting		riod
		experience				From (DD/MM/ YYYY)	To (DD/MM/ YYYY)

(DD/MM/YYYY)

15. Training Attended:

Title	Organizing Institution	Duration	
		From (DD/MM/YYYY)	To (DD/MM/YYYY)

16. Recognitions & Awards:

Category of Recognition/ Award	field of Recognition/ Award	Year	Awarding organization

17. Teaching:

Course title/ Courses taught	Credit hours	Level of Teaching	Institute Name	Year
				l

18. Extension:

(a) Extension approaches for technology dissemination/adoption:

Activity	Program details	Institute Name	Salient achievement/ outcome	Duration

(b) Capacity Development and Collaborative programme:

Type of programme	Program details	Institution	Co-ordination / associate	Duration
programme			associate	

19: Extra curriculum activities including sports :

S. No.	Activity	Level of participation	Achievement	Remarks

20: Externally Funded Projects:

Title of	Level of	Peri	Value of the	Sponsoring	
the project	Association (PI/CoPI)	From (DD/MM/YYYY)	To (DD/MM/YYYY)	project (Rs. in lacs)	agency

21. (a) Publications:

Authors, Year of publication, Title of the paper	Journal Name, Volume and Page No.	NAAS Journal Id As per 2023	NAAS Rating As per 2023

(b) Other publications:

Category of publication	Name of publication	Authors	Year and number of pages	Publisher name
Practical/Training Manual/Books/ Monographs				
Book Chapters/ Policy Papers/ Economic Reviews				
Popular Articles/ Bulletins/ Short Communications				
Papers in Proceedings				

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Ва	ank and Branch		
23 . A	ny other information candida	ate may like to add in se	perate page if any.
	eferences details: (Give the		•
perso	n (not relative) from whom c	onfidential report will b	e taken if needed :
S.No.	Particulars	First Reference	Second Reference
(a)	Name		
(b)	Designation		
(c)	Organisation/department		
(d)	Full address		
(e)	Phone no.		
(f)	Email		
in the evand/or if	aration: I do hereby declar complete and correct to the byent of any particulars/informany discrepancy in the particular suppression and /or to be rejected or my services be.	pest of my knowledge and mation given above be articulars is detected a distortion on my part, my shall be liable to be tended. Signature	d belief. I understand that eing found false/incorrect fter my appointment, or ny application/candidature

REMARKS OF THE PRESENT EMPLOYER

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

The	applicant	•••••		• • • • • • • • • • • • • • • • • • • •		Son/Daug	ghter	is	holo	ding	a
permanent/T	emporary	Adhoc	post	of			in	the	scale	of	pay
		from			and	his/her	pre	sent	basic	pay	is
Rs	P.N	1. His/h	ner app	licati	ion is forv	warded an	d he	/she	will be	relie	ved
in case he/s	he is select	ed for th	ne post	appl	ied for.						
Date:									Si	gnatı	ıre
Place:							(Designation of Officer				
								(w	ith offi	cial s	eal)
Sign. with da	ate:										
Name:											