# Application Form (Technical Post)- (A)

### **Subject Matter Specialist (Home Science)**

Adv	Advertisement Reference and date:						
Apj	plication for the post:						
1.	Name of the candidate in Block letters	:				Affix self	
2.	Father's Name	:				attested recent	
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	ST	
10.	(a) Full postal address with pin code	:					
	(b) Permanent address	:					
	(c) Contact details	:	Phone: E-mail:		M	lob.:	
	(d) Aadhar Number	:	E-man.				
11.	Are you a citizen of India by birth/don	nicile?					
12.	Have you ever been convicted by a con	urt of lav	w for any o	offence? If s	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
10th					
12 <sup>th</sup>					
Graduation					
Masters					
Ph. D.					
Other qualifications					

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

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

(b) Years of experience	: (DD/MM/YYYY)
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# 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

#### 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	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
T.T.			

# (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				

2	<b>2</b> . Par	ticulars of application fees:	Rs	
	D.I	D./P.O.No	Date	
	Bar	nk and Branch		
2	<b>3</b> . An	y other information candidat	te may like to add in separ	rate page if any.
2	<b>4</b> . Re	ferences details: (Give the	name, designation and co	omplete address of two
p	eople	(not relative) from whom co	onfidential report will be t	aken if needed:
S	.No.	Particulars	First Reference	<b>Second Reference</b>
(8	a)	Name		
(ł	o)	Designation		
(0	c)	Organisation/department		
(0	d)	Full address		
(6	e)	Phone no.		
(f	f)	Email		
are ti	rue, co	ration: I do hereby declare omplete and correct to the beent of any particulars/inforr	est of my knowledge and	belief. I understand that
accor is lia	unt of	any discrepancy in the pa wilful suppression and /or of be rejected or my services be.	listortion on my part, my	application/candidature
Place	e:		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/Daug	ghter	1S	hole	ling	a
permanent/Te	emporary	Adhoc	post	of			in	the	scale	of	pay
	f	rom			and	his/her	pre	sent	basic	pay	is
Rs	P.M	. His/h	ner app	licati	on is forw	varded an	d he	/she	will be	relie	ved
in case he/sl	ne is selecte	ed for th	ne post	appli	ed for.						
Date:									Si	gnatı	ure
Place: (Designation						nation of Officer					
								(w	ith offi	cial s	eal)
Sign. with da	te:										
Name:											