# **Application Form (Technical Post)**

### **Subject Matter Specialist (Animal Husbandry)**

Ad	vertisement Reference and date:					
Ap	plication for the post:					
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	ST
10.	(a) Full postal address with pin code	:				
	(b) Permanent address	:				
	(c) Contact details	:	Phone:		M	lob.:
			E-mail:			
	(d) Aadhar Number	:				
11.	Are you a citizen of India by birth/dom	nicile?				
12.	Have you ever been convicted by a cou	art of lav	w for any o	offence? If s	o, give deta	ails

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 <sup>th</sup>					
Graduation					
Masters					
Ph. D.					
Other qualification s					

# 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	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	Dura	tion		
		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 programme	Program details	Institutio n	Co-ordination / associate	Duration
programme				

S. No.	Activi	•	el of pation	Achieve	ment	Remarks
20. Exte	rnally Fundo		eriod		Value of	Sponsoring
the project	Association (PI/CoPI)	From (DD/MM/YYYY	From		the project (Rs. in lac	
. (a) Pub	lications:					
Authors, Year of publication, Title of the paper					Journal Id er 2023	NAAS Rating As per 2023
(b) Oth	er publicatio	ons:				
Catagony	of publication	Name of publication	Author	s Year	and numb	per Publisher
Category		•			1 8	
Practic Man	cal/Training ual/Books/ nographs					
Practic Manu Mo Book Polic	ual/Books/					

Coı	mmunications						
F	Papers in Proceedings						
<b>22</b> . Pa	rticulars of applic	ation fees: l	Rs				
D.1	D./P.O.No		Dat	e			
Ba	nk and Branch				•••••		
<b>23</b> . Ar	ny other information	on candidat	e may like	to add ir	sepei	rate page if	f any.
<b>24</b> . Re	eferences details:	(Give the 1	name, desig	gnation a	and co	omplete ad	dress of two
person	(not relative) fro	m whom co	onfidential i	report wi	ll be t	aken if nee	eded:
S.No.	Particulars		First Ref	erence		Second F	Reference
(a)	Name						
(b)	Designation						
(c)	Organisation/department						
(d)	Full address						
(e)	Phone no.						
(f)	Email						
	e write up in bi			ds abou	t you	r contribu	ition to thi

**26. Declaration:** I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars/information given above being found false/incorrect and/or if any discrepancy in the particulars is detected after my appointment, or account of wilful suppression and /or distortion on my part, my application/candidature is liable to be rejected or my services shall be liable to be terminated forthwith, as the case may be.

Place:	Signature
Date:	Name of the Candidate
	MARKS OF THE PRESENT EMPLOYER those who are already in service in original letter head)
	Son/Daughter is holding a
payP.N	Adhoc post of in the scale of from and his/her present basic pay is His/ her application is forwarded and he /she will be relieved ed for the post applied for.
Date:	Signature
Place:	(Designation of Officer (with official seal)
Sign. with date:	
Name:	