



# Krishi Vigyan Kendra

under

(National Horticultural Research and Development Foundation)

Nafed Complex, Ujwa, New Delhi-110073

E-mail: kvkujwa@yahoo.com Tel: 9667971155

Website: www.kvkujwa.org

Advertisement No.- NHRDF/KVK/02/2018-19



## **Application Form (Technical Post)**

Advertisement Reference and date: \_\_\_\_\_

Application for the post & S. No.: \_\_\_\_\_

1. Name of the candidate in Block letters :
2. Fathers Name :
3. Nationality :
4. Date of Birth (as per High School Certificate) & Place of Birth :
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/ST\_\_\_\_\_
10. (a) Full postal address with pin code :

Affix self  
attested recent  
colour  
passport size  
photograph  
(do not staple)

(b) Permanent address :

(c) Contact details : Phone: Mob.:

E-mail:

11. Are you a citizen of India by birth/domicile?

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

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

**Educational Qualifications:**

Level	Year of Passing	Institute/University	Specialize Subject(s) with major field	Class/Division/Grade/ Marks/Percentage	Remarks
10+2					
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	Period	
						From (DD/MM/YYYY)	To (DD/MM/YYYY)

(b) Years of experience : (DD/MM/YYYY)\_\_\_\_\_

**15. Training Attended:**

Duration	Title	Organised Institution	Period	
			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	Institution	Co-ordination / associate	Duration

**19: Extra curriculum activities including sports :**

S. No.	Activity	Level of participation	Achievement	Remarks

**20: Externally Funded Projects:**

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

**21. (a) Publications:**

Authors, Year of publication, Title of the paper	Journal Name, Volume and Page No.	NAAS Journal Id As per 2018	NAAS Rating As per 2018

**(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				

22. Particulars of application fees : Rs.....

D.D./P.O.No.....Date.....

Bank and Branch.....

23. Any other information candidate may like to add in seperate page if any.

24. References details: (Give the name, designation and complete address of two person (not relative) from whom confidential report will be 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		

25. Please write up in brief around 100 words about your contribution to this organisation if you selected for aforesaid post:

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**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.....

**REMARKS OF THE PRESENT EMPLOYER**

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

The applicant .....Son/Daughter is holding a permanent/Temporary Adhoc post of ..... in the scale of pay ..... from ..... and his/her present basic pay is Rs.....P.M. His/ her application is forwarded and he /she will be relieved in case he/ she is selected for the post applied for.

Date:

Place:

Signature  
(Designation of Officer  
(with official seal)

Sign. with date:

Name: