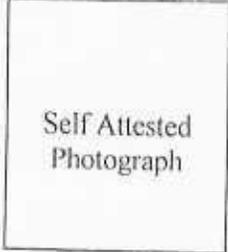


APPLICATION FORM

1. NAME OF THE POST
2. POST CODE
3. APPLICANT NAME
4. GENDER
5. FATHER'S /HUSBAND'S NAME
6. DATE OF BIRTH
7. CATEGORY (GEN/BC 2/BC 1/SC/ST/EWS)
8. PHYSICALLY HANDICAPT (YES/NO)
9. CONTACT NO.
10. EMAIL I'D
11. PARMANENT ADDRESS.....
.....
.....
10. CORRESPONDANCE ADDRESS
-
-
11. EDUCATION QUALIFICATION



Sl. No.	EXAM	PASSING YEAR	BOARD/UNIVERSITY	MAXIMUM MARKS	OBTAINED MARKS	PERCENTAGE

(Handwritten Signature)

12. WORK EXPERIENCE (if any)

Name of Post	Name of Organisation / Institute	Work Experience (Tenure / Period)	
		From	To

DECLARATION

I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief, and information. My Candidature will be cancelled if any of the above information found incorrect / false.

Date :

Applicant Signature



FORMAT

(AFFIDAVIT TO BE SUBMITTED ALONG WITH APPLICATION)

(To be executed on non judicial stamp paper)

I----- (name of the applicant)

S/o /d/o /w/o-----residing at

-----solemnly declare and affirm as follows.

1. That no punishment has been awarded to me against any Government /Department /Employer enquiry proceedings or prosecution or prosecution initiated against me for any offence / act of omission or commission.
2. That I have not been convicted by any court or law for any offence involving moral turpitude and sentenced in respect there of.
3. That no civil or criminal proceedings in respect of an offence alleged to have been committed are pending against me before any court of law.
4. That no warrant or summons for the appearance or a warrant for the arrest has been issued against me by a court under any law.
5. I have not been terminated / suspended from the same post from Agriculture Department from any district/across country.

I undertake that in the event of any of the information furnished above being found to be false or incorrect in any respect, my services are liable to be cancelled and appropriate action may be taken against me.

Applicant Signature with Date-

Note;- Affidavit to be attested by authorized Magistrates/ Noatary

