



VCSG Uttarakhand University of Horticulture & Forestry Bharsar, Pauri Garhwal

Application Format for Post of PC/ SMS, KVK

(Note: Please carefully go through the instructions given in the advertisement before filling up the Application Form)

Advertisement No: UUHF/KVK /01 of 2019 Dated 04-01-2019 Last Date of Receipt of Application Form: 03-02-2019	Registration No: (For Office use Only)	Self attested latest passport size photograph is to be pasted here
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1. Name of the post applied for:.....
2. Location (District of KVK)
3. Category applied for:..... (SC / SC Female/ Gen Female)
4. Details of payment of Application Fee:

Demand Draft Number & Date	Amount (in Rs.)	Name of the Bank Payable at	Issuing Branch's Name with Branch Code
		Punjab National Bank, Pauri (Pauri Garhwal) Branch Code: 1370	

5. Personal Details of the Applicant:

(a) Name (in capital letters)	First Name			Middle Name	Surname		
(b) Date of Birth	Day	Month	Year	Age as on the date of 01.01.2019	Years	Month(s)	Day(s)
c) Father's Name							
d) Mother's Name							
e) State of domicile							
f) Nationality							
g) Gender	(Male/ Female/ Transgender)						
h) Religion							
i) Marital Status	(Married/ Unmarried)						
j) Permanent address							
k) Address for Correspondence							
E-mail:							
Mobile number:							
Telephone no. with STD Code							

6. Educational Qualifications (Class X onwards):

s.N.	Examination passed	Name of the Board/ University	Passing Year	% Marks/ OGPA/ CGPA	Subjects studied	Sl. No. of proof/ documents enclosed
1.	High School					
2.	Intermediate					
3.	Graduation					
4.	Post-Graduation					
5.	Ph.D					
6.	Any other					

7. **Whether qualified ASRB/ UGC/CSIR NET or SLET/SET of Uttarakhand State:**
 Year of qualifying (Sl. No. of proof/ documents enclosed)

8. Professional Experience in Chronological Order (giving current position/employment first)

Post held	Nature of Employment *	Name, & Address of the Employer/ Institution	Basic Pay/ Pay Band & AGP	Period of Employment		No. of Years/ Months	Nature of Work/ Duties	Sl. No. of proof/ documents enclosed
				from	to			
1	2	3	4	5		6	7	8

* Please mention whether Regular / Temporary/ Contract/ Other

9. Present Position

Designation	Name & Address of the Employer/ Institution	Nature of Employment*	Type of the Institution #	Present Salary			Sl No. of proof /documents Enclosed
				Pay Band	Basic Pay	AGP	

* Please mention whether Regular / Temporary/ Contract/ Other

Please mention whether Organization/ Institution/ University is a State Govt./ Central Govt./ Private etc.

10. Publications, if any (Give number only)*:

Publications	Published	Accepted/in print	Communicated
Book(s)			
Book Chapter(s)			
Research Paper(s)			
Number of research paper(s) in peer reviewed journals			
Article(s)			
Conference proceeding/ abstract(s)			

*Attach list of publications with complete citation & NAAS/ any other ratings/ letter of acceptance.

10(A). Details of Patent(s) filed/ Granted, if any

Registration/ Granting Agency	Registration/ File No./ Patent No.	Year of Filing/ Granting	Title

10 (B). Awards, if any*

Name of the Award	National/ State/ University level	Year of the Award	Awarding Organization

*weightage of the Award(s) shall be decided by the Selection Committee

11. Membership of Professional Societies, if any	
12. References: Give name & address of two referees	1. 2.
13. Total number of self attested testimonials attached	
14. International exposure as Researcher/ Extension Scientist at University Level:	
15. Any other information: <i>(attach separate sheets if required)</i>	

Declaration

I Son/ Daughter/ Wife ofhereby declare that the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. If at any time even after my selection and the appointment or during the tenure of my service, it is found/ detected that any document/ information submitted by me is incorrect or that any information is concealed/ suppressed by me, then appropriate action shall be taken against me as per rules which may even lead to termination of my services.

Place :

(Signature of the Applicant)

Date :

Name (in block letters)

Endorsement by the Employer (For in-service candidates)

The applicant Dr./Mr./Mrs./Ms. _____ who has submitted this application for the post of (Name of the Post) _____ has been working in this organization on the post of _____ on temporary / contract / permanent basis with effect from _____ in the pay scale of (mention present basic pay, pay band and grade pay, if applicable) _____.

Certified that no disciplinary / vigilance action is contemplated or pending against the said applicant. There is no objection to his/her application being considered by the VCSG UUHF, Bharsar. In the event of his/ her selection on the said post, he/ she shall be relieved to join on the said post in VCSG UUHF, Bharsar.

Place:

(Signature of Forwarding Officer)

Date:

Name:

Designation:

Seal: