



PROFORMA OF APPLICATION FOR THE POST OF
RESEARCH ASSOCIATE (AGRICULTURAL EXTENSION)
ON DIRECT RECRUITMENT BASIS

DD No. _____ **Date** _____ **Name of the Bank:** _____

1. Candidate's full name (as per SSC/10th class):

2. Father's Name :

3. Address with pin code:
(For Correspondence)

Affix a recent
Passport size
Photograph
(Not older than
03 Months)

4. Email ID:

5. Mobile No.

6. Date of Birth (as per SSC/10th class):- _____

Age as on last date of receipt of
applications:

Years	Months	Days

7. Gender:

8. Nationality:

9. Category: SC/ ST/ OBC/ UR

10. Whether Person with Disability (PWD): YES/ NO



11. Educational Qualifications:-

- a. Whether educational & other qualifications required for the post as per the notification are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same).

Essential:

Sl. No.	Educational Qualifications	Name of the Board/ University	Marks/ GPA/ Percentage Obtained	Year of Passing
1.	SSC			
2.	Intermediate			
3.	Graduation			
4.	Post-Graduation			
5.	Ph.D.			
6.				

- Enclose a separate sheet, duly authenticated with your signature, if the space is insufficient:
- Self-Attested copies of Educational/ Technical qualifications should be enclosed.

12. Please state clearly whether in the light of the entries made by you above, you meet the requirements of the post or not:



13. Details of employment in chronological order. Enclose a separate sheet, duly authenticated with your signature, if the space below is insufficient (Self Attested copies of Experience certificates should be enclosed)

Sl. No.	Office/Institution/ Organization	Post held	From	To	Nature of appointment Regular/ Contract/ Deputation/ Ad-hoc	Scale of pay and Basic Pay therein	Nature of Duties performed
1.							
2.							
3.							
4.							
5.							

14. Details of Application Fees:-

- Whether Demand Draft for Rs.500/- is Enclosed: YES/ NO
- If No, (Exempted) – A copy of Self-Attested Certificate in support of fee exemption should be enclosed.

15. Please state whether working under:

- Central Government
- State Government
- Universities
- Autonomous or Statutory Organizations
- Recognized Research Institutions
- Private Organizations

16. Are you in a revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale:

17. Total emoluments drawn per month with break up or Basic Pay, GP, DA etc.



18. In case the applicant belongs to an Organization which is not following the Central Government Pay-scales, the latest salary slip issued by the Organization showing the following details may be enclosed:

Basic Pay with Scale of Pay and rate of increment	Dearness Pay/interim relief / other Allowances etc., (with break-up details)	Total Emoluments

19. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, duly authenticated with your signature, if the space below is insufficient:

20. Attested Copies of Annual Confidential Reports (ACRs/ APAR's) for the last 5 years:-
(In case of Regular Government Servants)

21. Name & Addresses of two references along with address, mobile and email:-

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22. Any other information not covered in the above columns.

23. List of enclosures:



Certificate

I hereby declare and certify that all the statements made in this application are true and correct to the best of my knowledge and belief. If any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage during or after selection process and abide by any disciplinary action by the Competent Authority.

Date:
Place:

Signature of the Candidate

Certificate
(To be issued by the forwarding Authority)

It is certified that the particulars furnished above are correct and no disciplinary case is either pending or contemplated against the officer and no penalty, major or minor, was imposed on the officer during the last 5 years and his integrity is beyond doubt.

Date:

Signature of the Head of
Department with date & Stamp