

thereof.

Krishi Vigyan Kendra
(National Horticultural Research and Development Foundation) Nafed Complex, Ujwa, New Delhi-110073

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





Application Form (Technical Post)

Adv	vertisement Reference and date:					
Apj	plication for the post & S. No.:					
1.	Name of the candidate in Block letters	:				Affix self
2.	Father's Name	:				attested recent colour passport size
3.	Nationality	:				photograph (do not staple)
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/ST	·
10.	(a) Full postal address with pin code	e:				
	(b) Permanent address	:				
	(c) Contact details	:	Phone:		Mo	ob.:
			E-mail:			
	(d) Aadhar Number	:				
11.	Are you a citizen of India by birth/domi	icile?				

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

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
10 th					
12 th					
Graduation					
Post Graduate					
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	To (DD/MM/ YYYY)

(b) Years of experience	: (DD/MM/YYYY)
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15. Training Attended:

Title	Organizing Institution	Duration	Period	
			From	To
			(DD/MM/YYYY)	(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:

Activities	Program details	Institute Name	Salient achievement/ outcome	Duration

(b) Capacity Development and Collaborative Programme:

Type of Programme	Program details	Institution	Co-ordination /	Duration
Programme			associate	

19: Extra curriculum activities including sports :

S. No.	Activities	Level of Participation	Achievement	Remarks

20: Externally Funded Projects:

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

21. (a) Publications:

Authors, Year of publication, Title of the paper	Journal Name, Volume and Page No.	NAAS Journal ID as per 2024	NAAS Rating as per 2024

(b) Other publications:

Category of Publication	Name of Publication	Author(s)	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				

Bar	nk and Branch		
23. An	y other information candida	te may like to add in so	eparate page if any.
24. Re	ferences details: (Give the	name, designation and	d complete address of two
person	(not relative) from whom co	onfidential 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		
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REMARKS OF THE PRESENT EMPLOYER

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

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Name:										