|  |  |
| --- | --- |
| Mono_DRPCAU (2) | **Dr. Rajendra Prasad Central Agricultural University**  Pusa, Samastipur, Bihar -848125 |

**APPLICATION FORM FOR THE POST OF COMPTROLLER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(For office use only)**  **Eligible:** ………………………………………………………….. (Yes / No)  If not Eligible, reason thereof: ………………………………………………………………………………..  ……………………………………………………………………………………………………………………………..  **(Signatures of Screening Committee Members)** | | | | | | | | | | | *Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form.* | |
| **Details of Fee Payment** *(Payment of* ***₹ 1000/- only for General, OBC and EWS category*** *candidates Payment of* ***₹ 500/- only for SC, ST and Women*** *candidates.* | | | | | | | | | | | | |
| **Unique Transaction Reference No.** | | **Date of transaction** | | | **Amount** | | | **Name of the Bank used for payment** | | | | |
|  | |  | | |  | | |  | | | | |
| **1** | **Name**  **(In Capital Letters)** | | **First Name** | | | | **Middle Name** | | | **Surname** | | |
|  | | | |  | | |  | | |
| **2** | **Date of birth** | | **Day** | **Month** | | **Year** | **Age as on last date of advertisement** | | | **Years** | | **Months** |
|  |  | |  |  | |  |
| **3** | **Place of birth** | | ***City/Village*** | | | | ***State*** | | | ***Country*** | | |
|  | | | |  | | |  | | |
| **4** | **Mother's Name** | |  | | | | | | | | | |
| **5** | **Father's Name** | |  | | | | | | | | | |
| **6** | **Address** | | **Correspondence** | | | | | | **Permanent** | | | |
| **City:**  **District:**  **State:**  **Pin Code:**  **Mobile:**  **Email:** | | | | | | **City:**  **District:**  **State:**  **Pin Code:**  **Mobile:**  **Email:** | | | |
| **7** | **Nationality** | |  | | | | | | | | | |
| **8** | **Sex** | | Male/ Female/Transgender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **9** | **Community/ Category**  **(Please strike out whichever options are not applicable)** | | | | UR/OBC/SC/ST/EWS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sl. No. of proof enclosed (if belongs to Reserved Category): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **10** | **Marital status** | | | | Married/Unmarried/Divorced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If married, name of spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11. Educational Qualifications** *(Attach additional pages, if required)* | | | | | | | | | | | | | | | |
|  | | **Name of course** | **Name of the Board/ University** | | **Year passed** | | **Division** | **CGPA**  **(if grading is applicable)** | | **% of Marks (pl. indicates equivalent to CGPA also)** | | **Subjects studied** | | | **Sl. No. of proof of enclosure** |
| *(a)* | *(b)* | | *(c)* | | *(d)* | *(e)* | | *(f)* | | *(g)* | | | *(h)* |
| *10th Class / equivalent* | |  |  | |  | |  |  | |  | |  | | |  |
| *10+2/Higher Secondary/ equivalent* | |  |  | |  | |  |  | |  | |  | | |  |
| *Bachelor's degree* | |  |  | |  | |  |  | |  | |  | | |  |
| *Master's degree* | |  |  | |  | |  |  | |  | |  | | |  |
| *Any other exams passed* | | | **Name of Course/Subject** | | | | | | **Roll No.** | | | | **Year** | **Sl. No. of Proof of enclosure** | |
|  | | | | | |  | | | |  |  | |
|  | | | | | |  | | | |  |  | |
| **12. Chronological list of Experience** *(starting from current position/ employment)* | | | | | | | | | | | | | | | |
| **Designation** | **Name & address of employer** | | | **Period of Experience** | | | | | | | **Nature of work/ duties** | | | | **Sl. No. of proof of enclosure** |
| **From** | | **To** | | **Pay level as per 7th CPC and Basic pay drawn** | | |
| *(a)* | *(b)* | | | *(c)* | | *(d)* | | *(e)* | | | *(f)* | | | | *(g)* |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |
|  |  | | |  | |  | |  | | |  | | | |  |

\* *(Add separate sheet if required, to be annexed at relevant S. No.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13. Nature of Experience** | | | | |
|  | **No. of Years** | **No. of Months** | **No. of Days** | **Sl. No. of proof of enclosure** |
| 1. **Teaching** |  |  |  |  |
| 1. **Administrative** |  |  |  |  |
| 1. **Research** |  |  |  |  |
| 1. **Other experience, if any** |  |  |  |  |
| **Total Experience** |  |  |  |  |

\* *(Add separate sheet if required, to be annexed at relevant S.No.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **14. Details of the training programme attended** | | | |
| **Name of the Programme** | **Year** | **Duration (in days)** | **Organizing Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **15. Details of the Management Development Programmes attended** | | | |
| **Name of the Programme** | **Year** | **Duration (in days)** | **Organizing Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **14. Details of the orientation programmes/training programmes/workshops** | | | |
| **Name of the Programme** | **Year** | **Duration (in days)** | **Organizing Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **14. Details of the refresher programmes attended** | | | |
| **Name of the Programme** | **Year** | **Duration (in days)** | **Organizing Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14. Please provide details of two (02) referees (Not related to the candidate). At least one should be current superior.** | | | | |
| **Name of the referee** | **Designation** | **Address** | **Contact No.** | **Email ID** |
|  |  |  |  |  |
|  |  |  |  |  |

15. Have you ever been punished during your studies at College/University? (Yes/No) :

16. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :

17. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :

18. Do you have any case pending against you in any court of law? (Yes/No) :

**19. Any other information/qualification relevant to the post applied for:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **20. Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected at any stage or not satisfying the eligibility criteria according to the advertisement, my candidature/appointment may be cancelled by the University.  I have never been convicted or contemplated for any unlawful activity.  Signature of the Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Name as signed (in BLOCK LETTER)  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*Application not signed by the candidate is liable to be rejected* |

|  |
| --- |
| **21. Endorsement by the EMPLOYER** (for In-Service Applicants) |
| **Certificate of Verification by the Employer**   1. The entries made in application of Dr./ Sh./ Smt./ Km ..................................................................................   for the post of .......................................................................................have been duly verified from the records and are found correct.   1. There is no vigilance/disciplinary/criminal case pending against him/her. 2. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the last ten years on him / her – Yes / No.   If Yes give details……………………………………………………………………………………   1. Certified that the work and conduct of Dr./Shri/Smt./Km. ............................................................... is above average during the last five years. 2. The gist of AAR/ACR gradings/ratings for the preceding five years is as follows:-  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Year → |  |  |  |  |  | | Grading/Rating by Reporting Officer → |  |  |  |  |  | | Grading/Rating by Reviewing Officer → |  |  |  |  |  |     Office File/ Ref. No. ...........................................  Signature:  Name:  Designation with office seal  Office Seal Date:  ---------------------------------------------------------------------------------------------------------------------------------------  In service candidate should get the above endorsement signed by his/her present forwarding authority. |

**Please tick the enclosures attached**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.** | **Check List** | **Sl. No. of enclosure** | **No. of Sheets** |
|  | Proof for Date of Birth |  |  |
|  | Matric/Secondary/High School (10th Class) Marks Sheet |  |  |
|  | Matric/Secondary/High School (10th Class) Certificate |  |  |
|  | Sr. Secondary/Intermediate (12thClass) Marks Sheet |  |  |
|  | Sr. Secondary/Intermediate (12thClass) School Certificate |  |  |
|  | Bachelor's Degree Final Year Marks Sheet |  |  |
|  | Bachelors' Degree |  |  |
|  | Master's Degree Final Year Marks Sheet |  |  |
|  | Master's Degree |  |  |
|  | Any other Qualification |  |  |
|  | Caste Certificate issued by the Competent Authority |  |  |
|  | Experience Certificate(s) from previous employer(s) |  |  |
|  | Endorsement from the present employer |  |  |
|  | Payment receipt for the application fees |  |  |
|  | Any other |  |  |

Total number of sheets enclosed\_\_\_\_\_\_\_\_\_ (please give sequential number to each sheet and signature with date).