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|  | **डॉ. राजेंद्र प्रसाद केंद्रीय कृषि विश्‍वविद्यालय**  **Dr. Rajendra Prasad Central Agricultural University**  **पूसा, समस्तीपुर, बिहार - 848125**  **Pusa, Samastipur, Bihar -848125**  **Affix your recent passport size photograph** |

**Annexure I**

**Application Format for the position of Young Profession II**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a) | Full Name  (In Block letters) | First Name | | | | Middle Name | | Surname | | |
| b) | Date of Birth | Day | Month | Years | | Age as on closing date of advertisement | | Day | Month | Years |
|  |  |  | |  | |  |  |  |
| c) | Father’s Name |  | | | | | | | | |
| d) | Mother’s Name |  | | | | | | | | |
| e) | Nationality |  | | | | | | | | |
| f) | Gender |  | | | | | | | | |
| g) | Religion |  | | | | | | | | |
| h) | Community/category | SC/ST/OBC/General | | | | | | | | |
| i) | Physically Challenged/Ex-Serviceman/ Women candidates as per Govt. of India Rules) |  | | | | | | | | |
| j) | Marital status |  | | | | | | | | |
| k) | If Physically disabled indicate the relevant particulars | If applicable, than write ‘Yes’ else write ‘No’ | | | Percentage of Disability | | Sl. No. of Proof enclosed | | | |
|  | | |  | |  | | | |
| l) | Permanent Address with PIN Code  Email ID  Mobile No. |  | | | | | | | | |
| m) | Present Address with PIN Code |  | | | | | | | | |

**1. Educational Qualification [attach one set of self-attested copies of certificate(s)]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Exam/ Degree | Board/ University | Month & Year of Passing | Marks (Obtained maximum) | Division | OGPA/ CGPA | Sl. No. of proof enclosed |
| 10th Class/ Equivalent |  |  |  |  |  |  |
| 12th Class/ Equivalent |  |  |  |  |  |  |
| Bachelor Degree |  |  |  |  |  |  |
| Master’s Degree |  |  |  |  |  |  |
| Ph D |  |  |  |  |  |  |
| Are you qualified NET? | Yes/No | | | | | |

**2. Details of working/professional Experience, if any :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Position held** | **Employer** | **Period (from)** | **Period (to)** | **Total Experience** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. Publications (Number only-provide the copy) :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Publications** | **Published (No.)** | **ISBN/ ISSN No.** | **Accepted for publication (No.)** | **Sl. No. of proof enclosed** |
| Chapters published in Book |  |  |  |  |
| Research papers in peer-reviewed journals |  |  |  |  |
| Other Publications (Specify) |  |  |  |  |

**3. No Objection certificate from present employer, if applicable?**

**4. Write a brief note not exceeding 100 words justifying how you can contribute to the present project.**

**DECLARATION**

I do hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligibility being detected at any time before or after interview/selection, my candidature/ appointment may be cancelled or is liable to be rejected without any notice.

Date & Place:

Signature

Full name of the Candidate:

**Annexure-II**

**DECLARATION**

**(To be submitted in advance by candidates whose relative(s) is an employee of**

**University other candidates will furnish it at the time of interview)**

I ..................................................................... , declare that none of my near or distant relative(s) is an employee of the Dr. Rajendra Prasad Central Agricultural University, Pusa, Samastipur, Bihar.

Or

I ……………………………………………..declare that I am related to the following individual(s) employed in RPCAU, Pusa, whose name(s), designation, nature of duties and relationship with me is furnished below.

Name:

Designation:

Institute/Organization:

Nature of duties:

In the event of the above‐cited information is found to be incorrect or concealing any facts, my candidature for the interview/ selection to the post may be cancelled.

**Date and Place ...................... Signature…………………**

**Full Name of the Candidate…………………………**