

डॉ. राजेंद्र प्रसाद केंद्रीय कृषि विश्वविद्यालय Dr. Rajendra Prasad Central Agricultural University

पूसा, समस्तीपुर, बिहार - 848125 Pusa, Samastipur, Bihar -848125

APPLICATION FORM FOR THE POST OF REGISTRAR/COMPTROLLER

		(To be filled b	y applic	ant)					
Employment Notice No.: Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form.									
	que Transaction Reference No.	Date of Transactio	on	Amour	nt	Name of t	he Bank used	d for payment	
1	Name	Fí	irst Nam	e	Mid	dle Name	Sui	Surname	
1	(In Capital Letters)								
2		Day	Month	1 Year	0		Years	Months	
	Date of birth					late of rtisement			
		Ci	City/Village			State Country		untry	
3	Place of birth								
4	Mother's Name								
5	Father's Name								
		С	Correspo	ndence		Permanent			
6	Address								
		Mobile:				Mobile:			
		Email:				Email:			
7	Nationality								
8	Sex	Male/ Fema	ale/Trans	sgender:					

0	Community/ Category	UR/OBC/SC/ST/EWS:			
9	(Please strike out whichever options are not applicable)	Sl. No. of proof enclosed (if belongs to Reserved Category):			
10	Marital status	Married/Unmarried/Divorced:			

11. Educational Qualifications (Attach additional pages, if required)								
	Name of course	Name of the Board/ University	Year passed	n	is applicable	indicates		Sl. No. of proof of enclos ure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Ph.D/Doctoral Degree								
Any other exams passed		Name of C	ourse/Su	bject	Rol	l No.	Year	Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)							
		Pei	riod of Exper				
Designation	Name & address of employer	From	То	No. of Years/ Months (As on last date of advertiseme nt)	Nature of work/ duties	Sl. No. of proof of enclosur e	
(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		
a) Teaching						
b) Administrative						
c) Research						
d) Other experience if any						
Total Experience						

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

15. Details of the training programme attended					
Name of the Programme	Year	Duration (in days)	Organizing Institution		

16. Details of the Management Development Programmes attended						
Name of the ProgrammeYearDuration (in days)Organizing Institution						

17. Details of the orientation programmes/training programmes/workshops						
Name of the Programme	Year	Duration (in days)	Organizing Institution			

18. Details of the refresher programmes attended						
Name of the Programme	Year	Duration (in days)	Organizing Institution			

19. Please provide details of two (02) referees (Not related to the candidate). At least one should be current superior.								
Name of the refereeDesignationAddressContact No.Email ID								

- 20. Have you ever been punished during your studies at College/University? (Yes/No):
- 21. Have you ever been punished during your service or convicted by a court of law? (Yes/No):
- 22. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):
- 23. Do you have any case pending against you in any court of law? (Yes/No) :

25. Decla	ration	
I,	son/daughter of here	eby
	at all the statements and entries made in this application are true, complete and correct to the bes	
my knowl	edge and belief. In the event of any information found false or incorrect or ineligibility being detec	ted
before or a	after the Selection Committee and Board of Management meetings, my candidature/appointment n	nay
be cancell	ed by the University.	
I have nev	ver been convicted or contemplated for any unlawful activity.	
	Signature of the Applic	ant
	*Name as signed (in BLOCK LETTE	
Data		.ivj.
Date		
	*Application not signed by the candidate is liable to be rejected	

26. Endorsement by the EMPLOYER (for In-Service Applicants)							
Certificate of Verification by the Employer							
	 The entries made in application of Dr./ Sh./ Smt./ Kmhave been duly verified from the records and are found correct. 						
2. There is no vigilance/disciplinary/o	criminal case	e pending aga	ainst him/he	er.			
	 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							
4. Certified that the work and conduct above average during the last five y	, ,	/Smt./Km			is		
5. The gist of AAR/ACR gradings/ratir	ngs for the p	receding five	years is as f	follows: -			
Year →							
Grading/Rating by Reporting Officer \rightarrow							
Grading/Rating by Reviewing Officer \rightarrow							
Office File/ Ref. No							
Signature:							
			Name:				
			Designatio	n:			
Office Seal			Date:				
In service candidate should get the above endorsement signed by his/her present forwarding authority.							

Please tick the enclosures attached:

SI.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 th Class) Marks Sheet		
2.	Matric/Secondary/High School (10 th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Ph. D/Doctoral Degree		
10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
12.	Experience Certificate(s) from previous employer(s)		
13.	Endorsement from the present employer		
14.	Proof of Application Fee Payment		
15.	Any other		

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

(Signature of the Applicant)