

GOVERNMENT OF KARNATAKA

APPLICATION FORM

**DEPARTMENT OF HORTICULTURE &
UNIVERSITY OF HORTICULTURAL SCIENCES, BAGALKOT
CENTRE OF EXCELLENCE FOR
FARMER PRODUCER ORGANIZATIONS**

*Affix your
recent
passport
size
photograph*

**APPLICATION FOR APPOINTMENT OF
DIRECTOR**

Advertisement No.

Bank DD No. : _____ Date : _____ Amount : _____

Name of the Bank: **STATE BANK OF INDIA** Branch : _____

Instructions to the candidates

1. Please answer each item clearly and completely.
2. Incomplete applications are liable to be rejected.
3. The application proforma downloaded from website (www.uhsbagalkot.edu.in) should accompany the processing fee of Rs.2,500/- in the form of Demand Draft in favour of COE-FPO as indicated in the notification, at the time of submission of filled in application, or else, the application will be rejected.

APPLICATION FORM

1. Name of the Post applied for																	
2. Name of the applicant in full (BLOCK LETTERS) (as entered in SSLC or equivalent marks card)																	
3. Address for communication with pincode																	
4. E-mail ID																	
5. Contact numbers: (With STD codes)	Ph No: Mobile No:																
6. a) Gender																	
b) Date of Birth (bonafide certificate to be enclosed)	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="margin-top: 5px;">Age as on the last date for receipt of application Years..... Months.....Days</p>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										
7. Native Place:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Taluka</td> <td style="width: 30%;"></td> </tr> <tr> <td>District</td> <td></td> </tr> <tr> <td>State</td> <td></td> </tr> </table>	Taluka		District		State											
Taluka																	
District																	
State																	
8. Religion																	
9. Caste																	
10. Sub-Caste																	
11. Nationality																	
12. Name of the State to which you belong																	

13. Father's Name	
Address	
Occupation	
Nationality	

14. Languages Proficiency

Reading	Writing	Speaking

15. Whether educational and 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. Insert additional rows if required)

Sl.No	State qualifications / Experience required as per notification	State Qualifications / Experience possessed by the applicant
1		
2		

16. Details of the educational qualifications

Sl. No.	Name of Exam passed	Marks Details (CGPA / OGPA)			Subject / specialization	Year / Duration	Name of Board of Examination / University
		Obtained	Maximum	% age			
1	Bachelor's degree						
2	Master's degree						
3	Ph.D						
6	Other degree if any						

Note: The specialization at the Master's degree and Ph. D should be clearly indicated.

17. Details of employment in chronological order. Enclose a separate sheet, duly uthenticated with your signature, if the space below is insufficient:

Sl. No	Name of Employer	Post held	Date of joining	Date of leaving	Period of service (year/months / days)	Reason for leaving	Basic pay (Certified copy of the pay drawn to be enclosed)	Nature of duties performed
1								
2								
3								
4								
5								

18. Externally funded projects operated:

Sl. No.	Project Particulars	Capacity in which handled	Project Outlay

19. Please state whether working under:

- a) Central Government
- b) State Government
- c) Universities
- f) Public Sector Undertakings or Semi-Government
- e) Recognized Research Institutions
- d) Autonomous or Statutory Organizations
- e) International Institutions

20. List of publications/books/research papers/policy papers. Enclose a separate sheet, duly authenticated with your signature along with copies for proof (First page/cover page of the publication. Insert additional rows if required)

Sl. No.	Particulars	Titles of the Papers/Books Published/Symposia/Seminar/Conference etc.	Name of the Journal and year / Publisher.

21. Special Awards / Medals / Fellowships / recognition / for Professional excellence

Particulars	No. of awards	Year	Awarded for
International Awards/Medals/Recognitions			
National Awards / Medals / Recognitions			
State level Awards / Medals / Recognitions			
Universities level Awards / Medals / Recognitions			
Any Awards / Medals / Recognitions from Professional Societies			

22. Any other attainment in the professional field:

Sl. No.	Particulars	Details

23. Have you been outside India? If so, give particulars

Sl. No.	Country	Period of visit	Purpose of visit

24. Details of experience in organizing programmes related to agriculture development

Particulars	
International level	
National level	
University level	

25. Name and Address of the two references

1)

2)

26. List of enclosures

I hereby declare and certify that the entries furnished above, are true to the best of my knowledge and belief.

Place:

Date:

SIGNATURE OF THE APPLICANT

CERTIFICATE

Certified that the information furnished above is true and correct to the best of my knowledge and belief. If any information is found to be willfully suppressed or found not correct, I will forego my employment and abide by any disciplinary action by the Competent Authority.

Date:

Address:

SIGNATURE OF THE APPLICANT

FORWARDAL CERTIFICATE BY THE EMPLOYER

Certified that Mr. / Mrs. _____ is working
in this _____ Department / Institute / Organization
as _____ for the period from _____ to _____ in the scale
of _____. He / She is at present drawing a basic pay of _____. The DA and
other allowances amount to _____.

We have No Objection in forwarding his / her application for the post of Director for
Centre of Excellence for Farmers Producers Organization, Department of Horticulture,
Government of Karnataka

Place:

Date:

SIGNATURE AND DESIGNATION WITH SEAL