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| uni logo | **Acharya Narendra Deva University of Agriculture & Technology,**  **Kumarganj, Ayodhya (U.P.)-224 229** |

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| Please affix latest passport size self-attested photograph |

**Application Form for post of Medical Officer**

**(To be filled by the candidate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Applicant | |  | |
| Name of post applied for | |  | |
| Discipline | |  | |
| Father’s Name | |  | |
| Mother’s Name | |  | |
| Mobile/Telephone No. | |  | |
| Email ID | |  | |
| Advertisement No. | Date of Advt. | Serial No. of post | Last date for submission of application form |
|  |  |  |  |
| Name of Issuing Bank | DD No. | Date | Amount (Rs) |
|  |  |  |  |

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**Endorsement by the EMPLOYER** (for In-Service Applicants)

1. The entries made in the application of Dr./Sh./Smt./ Km...................................................... ..............................................................for the post of …………….............................. ............................ have been duly verified from the records and are found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her.
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the working 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 working years.

The gist of AAR/ACR gradings/ratings for the preceding two years is as follows

|  |  |  |
| --- | --- | --- |
| Work experience as Technical level /R.A./SRF/Project Fellow etc. | 1st year | 2nd year |
| Grading/Rating by Reporting Officer (Immediate Senior) |  |  |
| Grading/Rating by Reviewing Officer (Head of Department) |  |  |

Office File/ Ref. No. ...........................................

Signature:

Name:

Designation with office seal

Office Seal Date:

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In service candidate should get the above endorsement signed by his/her present forwarding authority along with the application form or this particular page can be sent separately within 30 days from the last date of receiving of application form.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |
|  | | | | |  | | |
| **7** | **Nationality** |  | | | | | | | |
| **8** | **Sex** | Male/ Female/Transgender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **9** | **Community/ Category**  **(Please strike out whichever options are not applicable)** | | UR/OBC/SC/ST/EWS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proof enclosed (if belongs to Reserved Category): Sl. No of page \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **10** | **Marital status** | | Married/Unmarried/Divorced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If married, name of spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**11. Academic Record**  *(Attach additional pages, if required)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUALIFICATION** | **Name of the Board/ University** | **Year passed** | **Subject** | **Division/ CGPA**  **(if grading is applicable)** | **% of Marks (pl. indicates equivalent to CGPA also)** | **S. No. of proof of enclosure** | **Weightage given** | For office use |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| ***10th Class*** |  |  |  |  |  |  |  |  |
| ***10+2/Higher Secondary*** |  |  |  |  |  |  |  |  |
| ***Bachelor's degree*** |  |  |  |  |  |  |  |  |
| ***Master's degree/ Diploma*** |  |  |  |  |  |  |  |  |
| **12. National Scholarship/Aspire/any others Scholarship at UG, PG level** | | | **Yes/No** | **Name of the Board/ University** | **Year** | **Sl. No. of proof of enclosure** | **Weightage given** | **For office use** |
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**13. Experience over and above Essential Qualifications**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Chronological list of Experience** *(starting from current position/ employment)* | | | | | | |  |
| **Designation** | **Name & address of employer** | **Period of Experience** | | | **Nature of work / duties** | **Scale of Pay** | **For Office use** |
| **From** | **To** | **No. of Years/ Months (As on last date of advertisement)** |
| *(a)* | *(b)* | *(c)* | *(d)* | *(e)* | *(f)* | *(g)* | *(h)* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

Award training undergon/Award received

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

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

16. Were you declared medically unfit or asked to submit your resignation or dismissed?: (Yes/No)

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

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

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

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| **DECLARATION BY THE APPLICANT** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application 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 before or after the Selection Committee and Board of Management meetings, 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* |