**ASSAM AGRICULTURAL UNIVERSITY:: JORHAT – 785 013**.

 **APPLICATION FORM FOR THE POST OF DIRECTOR OF PHYSICAL PLANT**

|  |
| --- |
| Please affixyour latestpassport sizeself attestedphotograph |

Advertisement No. 1/2025

Particulars of payment made: Demand draft enclosed for Rs.....................

|  |  |  |
| --- | --- | --- |
| 1. | Name in full (in Block letters) |  |
| 2. | Gender (Male/ Female) |  |
| 3. | Father’s Name |  |
| 4. | Date of birth (Day-month-year)  |  |
| 5. | Age as on 01.01.2025 (Enclose age proof certificate, enclosure no. \_\_\_\_) |  |
| 6. | Permanent Address |  |
| 7. | Full postal address for communicationwith pin code  |  |  |
| 8. | Contact details : | Mobile No.  |  |
| Tel. No. (with area code) |  |
| Fax No. |  |
| E-Mail ID |  |
| 9. | Are you a citizen of India? by birth/ domicile (Attach PRC, Enclosure no. \_\_\_\_\_\_\_\_\_\_) |  |
| 10. | Do you belong to SC/ST/OBC/PH(If yes, enclose certificate, Enclosure no. \_\_\_\_\_\_\_\_\_\_ |  |
| 11. | Have you ever been employed by /ICAR/ Govt. or any other organization ? If so in what position and for how long. (enclose employers certificate, Enclosure no. \_\_\_\_\_\_\_\_\_) |  |
| 12. | Have you ever been convicted by a court of law for any offence ? If so, details thereof |  |
| 13. | Have you ever been punished or debarred from service of /ICAR/ Govt. or any other organization ? If so details thereof. |  |
| 14. | Whether any disciplinary case pending against you ? If any major/ minor penalty has been imposed on you. |  |

15. Academic qualification, beginning with 10th standard Examination (*please attach self-attested copies of Pass Certificates and Mark-sheets/ Grade Cards*) :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | Examination Passed  | Year of passing | % of marks with Division/ Class or CGPA | School/ College | Board/ University | Subjects taken |
|  |  |  |  |  |  |  |

16. Which languages do you know ?

|  |  |  |
| --- | --- | --- |
| Language | Proficiency attained\* | Examination passed, if any |
|  |  |  |
|  |  |  |
|  |  |  |

\* State whether you can speak, read or write.

17. Previous appointment/work experience in chronological sequence

 starting with the first appointment (Enclose employer’s certificate(s),

 Enclosure no.(s)\_\_\_\_\_\_\_\_\_\_),

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Post held | Employer/ Organization | Last pay drawn with pay scale | Date of Joining | Date of leaving/ retirement | Period (Till the last date of receiving application) | Nature of duties in brief  |
| Years | Months | Days |
|  |  |  |  |  |  |  |  |  |  |

18. Total service experience (Till the last date of receiving application):

 \_\_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_\_Months \_\_\_\_\_\_\_\_\_\_\_\_Days:

19. Brief particulars of significant contributions made in the field of work.

20. Attach two testimonials from persons not related to you who know about your work and

 conduct (one should preferably be from the present or last employer, as the case may be).

i) (Enclosure no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

ii) (Enclosure no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) .

I hereby declare that the information given by me in this application is correct to the best of my knowledge and belief. In case of any false statement, I shall be liable to such action as the Authority may deem fit.

Date :

 Signature of Applicant

Place :\_\_\_\_\_\_