



KAMLA NEHRU KRISHI VIGYAN KENDRA

Post- KNI, Sultanpur, U.P., 228118

Application Form for post of Subject Matter Specialist

(To be filled by the candidate)

Please affix your
latest passport
size self-
attested
photograph

Name of the Applicant			
Name of post Post Applied for			
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 the 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 Shri/Mrs. / Dr. 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 last ten years on him / her – Yes / No.

If Yes give details.....

4. Certified that the work and conduct of Shri/Smt./ ----- is above average during the last five years.

The gist of AAR/ACR grading/ratings for the preceding two years is as follows (as per Sl. No. 2.3 of API Score): -

Work experience as technical level /R.A./SRF/Project Fellow etc.	1 st year	2 nd year
Grading/Rating by Reporting Officer		
Grading/Rating by Reviewing Officer		

Office File/ Ref. No.

Signature:

Name:

Designation with office seal

Office Seal

Date:

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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Please affix your latest passport size self-attested photograph

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
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
3	Place of birth	City/Village			State	Country	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence			Permanent		
		Village : Post : District: State: Pin Code: Phone/Mobile: Email:			Village : Post : District: State: Pin Code: Phone/Mobile: Email:		
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					
9	Community/ Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: _____					
		Sl. No of Proof enclosed (if belongs to Reserved Category): _____					
10	Marital status	Married/Unmarried/Divorced: _____					
		If married, name of spouse _____					

11. Educational Qualifications (Attach additional pages, if required)								
ESSENTIAL 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								
12. DESIRABLE QUALIFICATION			Yes/No	Name of the Board/ University	Year	Sl. No. of proof of enclosure	Weightage given	For office use
Merit scholarship at graduate level								
JRF at Master's level /Merit scholarship in ICAR DU								
SRF/JRF of ICAR/CSIR/UGC /Merit scholarship in ICAR DU other National level fellowship at Ph.D. level								
Gold medal at Graduate level								
Gold medal at Post Graduate /Master's level								
Best Ph.D. Thesis award at National level								
Post-Doctoral Fellowship/Overseas Fellowship /Associate ship Award at International/National level								

13. OTHER QUALIFICATION If yes, please provide the following details					
M.Phil /Ph. D degree (Regular basis)	Date of Registration	Date of final Submission	Percentage of Marks/OGPA	S.No. of Proof enclosed	For office use
Any other (Agri Business/ Computer/ Other Diploma)	Name of Course/Subject	Roll No.	Year	Sl. No. of Proof of enclosure	For office use

14. Assessment of Domain Knowledge (Publication)

Research Publication: 03 best research papers (minimum) (Refereed Journals) the details of copies of reprint to be enclosed				
Note: Research papers published in refereed journals will be considered for allocation of scores according to NAAS/UGC Journal latest rating applicable.				
Authors, Year of publication, Title of the paper	Journal Name, Volume and Page No.	NAAS/UGC Rating	Sl. No. of proof of enclosure	For office use

(Note: 1. No Score will be given if references are incomplete

2. UGC Score will be used only for those subjects whose journals are not listed in NAAS list.)

15. Other publications					
Category of publication	Name of publication	Authors	Year and Number of pages	Publisher	S. No. of proof of enclosure
Books/ Practical / Training Manual					
Book Chapters / Policy Papers					
Popular Articles					
Bulletins/ Short Communications /pamphlet					
T.V./Radio talk delivered					
New papers article/Media coverage					
Remarks					

16. Experience over and above Essential Qualifications

Chronological list of Experience (starting from current position/ employment)							
Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure	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.)

17. Experience in Extension/ Research Teamwork/Patent obtained/Technology popularized /Product /Process developed etc.					
Particulars	Name of Institution	Nature of work	Value generated	Sl. No. Proof. enclosed	Office use
Technical level, Research Associate /SRF /Young professional II.					
Patent obtained /strain developed /variety Released					
Technology popularized/					
Product /Process /prototype developed					
Teamwork					
Others (if any)					
Externally funded Research Project(s)					
International					
National					

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

18. Award obtained/Training undergone					
International/ National	Name of Award/Training	Agency/Institution	Year	Sl. No. of proof enclosed	Office use

19. Conferences/ Seminars /Workshops/Symposiums/Training Programmes etc. Organized participated (Attach copies of certificate/proof)				
Conferences/ Seminars /Workshops/Symposiums/Training Programmes etc. Organized	In India (No.)	Abroad (No.)	S. No of Proof enclosed	For office use
Conferences/ Seminars /Workshops/Symposiums/Training Programmes etc. Organized				
Conferences/ Seminars /Workshops/Symposiums/Training Programmes etc. participated				

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 declared medically unfit or asked to submit your resignation or dismissed? (Yes/No)

23. Do you have any case pending against you in any court of law?

(Yes/No)

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

25. Declaration

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 Kamla Nehru Krishi Vigyan Kendra.

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*

Note:

1. The application form must be accompanied by the self-address stamp envelop and crossed Demand Draft.
2. Send applications along with self-attested copies of all relevant mark sheets, certificates and testimonials etc.
3. Incomplete applications or the applications received after the due date shall not be considered in any case.
4. Organization reserves all rights to fill or not to fill the post.