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SHER-E-KASHMIR UNIVERSITY OF AGRICULTURAL SCIENCES & TECHNOLOGYOF KASHMIR, SHALIMAR CAMPUS SRINAGAR 190 025

A Bank Draft for Rs. 1400/- only payable to Comptroller, Sher-e-Kashmir University of Agricultural Sciences & Technology of Kashmir at Srinagar must be attached with this application downloaded from SKUAST-K website www.skuastkashmir.ac.in. ANY SUCH APPLICATION NOT ACCOMPAINED WITH THE FEE WILL NOT BE CONSIDERED. Details of the Bank Draft should be given below:

1. Name of the Bank

- 2. No. & Date
- 3. Amount

| Space |
|------------|
| for |
| photograph |

FORM OF APPLICATION FOR THE USE OF CANDIDATE FOR APPOINTMENT BY SELECTION

| 1. | Name of the post for which applying | | |
|-----|---|---------------|--------------|
| 2. | Discipline | | |
| 3. | Pay scale | | |
| 4. | Advertisement No. & Date | | |
| 5. | Name in full (in block letters) | | |
| 6. | (a) Permanent address | | |
| | | | |
| | (b) Postal address in full to which | | |
| | communication should be sent | | |
| | (c) Telephone/Cell Phone No. | | |
| | (d) E-mail address | | |
| 7. | Father's name | | |
| 8. | Candidate's Nationality | | |
| 9. | Place of birth | Date of birth | Age |
| 10. | (a) Candidate's mother-tongue | | |
| | (b) What other Indian and Foreign | | |
| | languages the candidate can speak, read or write fluently | | |

11.

| S. No. | Examinations passed | Year | Name of the University or other examining body | Division | Percentage of marks obtained/ O.G.P.A. | Subjects |
|-----------|---------------------|------|---|----------|--|----------|
| i. | | | | | | |
| ii. | | | | | | |
| iii. | | | | | | |
| iv. | | | | | | |
| V. | | | | | | |
| vi. | | | | | | |

| | f post held on regular | Name & Address of | Period | with last pay | drawn | Reasons for |
|-----------|--------------------------------|---------------------------|--------------------|----------------|-------------------|-----------------|
| basis and | d scale of pay | Employer | From | То | Pay & DA | leaving the pos |
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| 14. | List of certificate | s & testimonials enclose | ed: | | | |
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| | | | | | | |
| 15. | Name and addres may be made :- | s of not less than two pe | ersons not related | d to the cand | lidate and to wh | om reference |
| | - | | | | | |
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| | (111) | | | | | |
| DECL | ARATION | | | | | |
| DECE | | | _ | _ | | |
| | I declare that the belief. | he entries made in this | form are true and | d correct to t | he best of my kr | nowledge and |
| | cener. | | | | | |
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| Place : | | | | Sig | gnature of candid | late |
| | | | | Sig | gnature of candid | late |
| | | | | Sig | gnature of candid | late |

Candidates already in service should apply through their present employer.

not be returned.

*12. Scholarship, Fellowship or medals won with details _____

| 1 of the latest to be submitted | Form – II | (Six copies | to be | submitted |
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| Name of Post | Adv. No | Scale of Pay |
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| | Acade | emic qualifications | S | | | *Research | Experience | | | Teaching/Ex | tension Education | Experience | |
|------------------------------------|-------------|---------------------|----------------------|-----------------------|-------------------|-----------|------------|-----------------------|----------------|-------------|-------------------|-----------------------|------------------------------------|
| Name, Date of Birth and Address | Exam Degree | Year | University/ Board | Marks Percentage OGPA | Period From To | Capacity | Field | **No. of publications | Class Field | Period | Capacity | Present employment | Salary demanded with reasons |
| Name | | | | | | | | (a) | | | | Post | |
| Date of Birth | | | | | | | | (b) | | | | Scale of pay | |
| Address (Postal) | | | | | | | | (c) | | | | Salary & | |
| | | | | | | | | (d) | | | | allowance | |
| Telegraphic address | | | | | | | | (e) | | | | Employer | |
| | | | | | | | | | | | | | |

^{*}State here whether research was carried on in the capacity of a student, teacher or official. If research was carried on as student preparing for a degree, mention the degree also in the column. In case research was done in the capacity of an official, give designation.

^{**}Please give separately the number of different kinds of publications. The titles of the publications are not needed in this statement. Against (a) give the number of original research papers, against (b) the number of magazine articles, against (c) the number of textbooks, against (d) the number of monographs, against (e) the number of reviews. If you have no publication of a particular kind, write nil in the appropriate space. Similarly, if you have to your credit any publication not coming under any of the categories mentioned above, specify their nature and give their number. Please note that only what has already been published should be given here. If some papers, articles or books are in the press or have been accepted for publication, but have not yet been published are included in this column; this must be specifically indicated. In no case you should include in the numbers given here number of papers, etc. which have been sent to a journal but have not yet been accepted for publication, or papers which you propose to write.

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| Name of Post | Adv. No. | Scale of Pay |
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| | Acade | emic qualification | IS | | | *Research | Experience | | | Teaching/Ex | tension Education | Experience | |
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| Name | | | | | | | | (a) | | | | Post | |
| Date of Birth | | | | | | | | (b) | | | | Scale of pay | |
| Address (Postal) | | | | | | | | (c) | | | | Salary & allowance | |
| | | | | | | | | (d) | | | | anowaice | |
| Telegraphic address | | | | | | | | (e) | | | | Employer | |
| | | | | | | | | | | | | | |

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| Academic qualifications | | | | | | *Research | Experience | | Teaching/Extension Education Experience | | | | | |
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| Name, Date of Birth and Address | Exam Degree | Year | University/ Board | Marks Percentage OGPA | Period From To | Capacity | Field | **No. of publications | Class Field | Period | Capacity | Present employment | Salary demanded with reasons | |
| Name | | | | | | | | (a) | | | | Post | | |
| Date of Birth | | | | | | | | (b) | | | | Scale of pay | | |
| Address (Postal) | | | | | | | | (c) | | | | Salary & allowance | | |
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| Telegraphic address | | | | | | | | (e) | | | | Employer | | |
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| Form – II | (Six copies to be submitted) | | SUMMARY OF QUALIFICATION | |
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| Name of Post | | Adv. No | Scale of Pay | |

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