DEPTT. OF ANIMAL HUSBANDRY, FISHERIES & DAIRY DEVELOPMENT, PUNJAB

ACKNOWLEDGEMENT

(To be filled in by the candidate except the signature)

| Received application for | the post of | | |
|--|--------------------------|---------------------------|---|
| from | | son/daughter of | |
| Shri | | | |
| | | | |
| Date of receipt | | Signature of the official | |
| Seal/Stamp of the office | | | |
| | | | |
| | | | |
| | | | Stamp to be affixed here for Rs. 6/- |
| Despatcher o/o The Registrar Guru Angad Dev Veterinary & An Ludhiana-141004 | imal Sciences University | | |
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DEPARTMENT OF ANIMAL HUSBANDRY, FISHERIES & DAIRY DEVELOPMENT, PUNJAB Roll No. **ADMIT CARD** Written Test for the Post of **DAIRY DEVELOPMENT OFFICER (GROUP-B)** Please affix one recent passport Name of the candidate size photograph duly attested by Gazetted Officer Father's Name _ Date of Written Test Registrar Name of Centre Signature of Candidate Signature of Candidate Signature of Candidate Note: TO BE FILLED IN BY THE CANDIDATE EXCEPT ROLL NO., DATE OF THE TEST AND NAME OF CENTRE. Please see the Instructions given overleaf.

| Name | IMPORTANT INSTRUCTIONS FOR CANDIDATES |
|--|--|
| Address CityPIN CODE State Mobile No | Entry in the Examination Centre without Admit Card will not be allowed. Reach the Examination Centre at least half an hou before the start of the test. Bring your own Blue Ball Point Pen. Entry in Examination Centre will not be permitted after half an hour of the start of the test. Calculator, log tables, mobile phone, note book of written notes, pamphlets, slide rules, protractors rulers, highlighters, dictionary or any electronic gadge are not allowed inside the Examination Centre. |

DEPARTMENT OF ANIMAL HUSBANDRY, FISHERIES & DAIRY DEVELOPMENT, PUNJAB

| | LICATION FOR T NO. OF POST - (| | F <u>DAIRY D</u> Advt. No | | | OFFICE | R (GRO | UP-B) | | | | |
|----------------|---|---------------------------------|------------------------------|------------|-------------------|------------|------------------|---------------------|-----------|-----------------------|-------|----------|
| 1. | (a) Category[N | | (| (b) Sub-0 | Category | , | | | | ase affi: ent pass | | |
| | GEN SC | ВС | | ESM | PH | FF | SP | | | tograplested by | | r |
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| Ab | breviations: GEN- PH-Pl | General, SC-S nysically Hand | | | | | | | 1, | | | |
| 2. Car | ndidate's Name (in | Capital Letter | s) (Please le | eave one b | ox blank | between | first, mid | ldle & surn | ame) | | 1 1 | |
| | | | | | | | | | | | | |
| 3 . Fat | her's Name (in Cap | oital Letters) (I | Please leave | one box | blank bet | ween firs | st, middle | & surname | e) | | 1 1 | |
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| 4 . Mo | ther's Name (in Ca | pital letters) (l | Please leave | one box | blank bet | ween firs | st, middle | & surname | e) | | 1 1 | _ |
| | | | | | | | | | | | | |
| 5 . Co | rrespondence Addr | ess (in Capital | Letters) | | | 6. Perm | anent Ado | dress (in Ca | apital Le | etters) | | |
| | Contact No. | | | | | Conta | act No. | | | | | |
| | ave you passed Pur oto Matriculation S | | ES NO | | | | | | | | | <u> </u> |
| 8. D | ate of Birth | | | | 9. Age as | s on 01.0 | 1.2014 | | | | | |
| | | Day | Month Y | Year | | | | | Y | ears Mo | onths | Days |
| 10. S | ex | M | F | | 11 . Natio | nality | | | | | | |
| 12. A | are you married? | YE | S NO | | | | have mor spouse? | re | | YES | NO |) |
| di | lave you ever been smissed from Govt | | S NO | | any C | ourt? | r been cor | victed by | | YES | NO |) |
| 50 | | | | | of the | case, dete | ention, fin | e, conviction below | on, | | | |

16. Educational and Professional Qualification:

Date.....

| Examination Passed U | | Name of Board/ University/ Institution | | | Subjects | | % Marks Obtained | Division |
|---|---|---|---|--------------------------------|---|---|--|---------------------------------------|
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| 17. Working Expe | erience (if any): | | | | | | | |
| Designation | | From | From To | | Period | | Name and Address of | |
| | | Trom | | | Years Months | | Organization | |
| | | | | | | | | |
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| | | | | | | | | |
| Total Experienc | e (as on 22-06- | 2014) : _ | Years _ |] | MonthsDays | | | |
| 18. List of attach | ed self attested | certificates a | and testimonia | ls: | | | | |
| (i) | | | (iv) | | (| (vii) | | |
| (ii) | | | (v) | | | (viii) | | |
| (iii) | | | (vi) | | (| (ix) | | |
| Declaration: | | | | | | | | |
| I, | | | son/daughte | er of | Shri | | , | resident |
| | | | (State) | | do hereby declare t | that the infor | mation (giver | n above and t |
| | | | | | best of my knowledge and | | | been concea |
| | d, my services sh | | | | to be incorrect or wrong, | i shaii be iia | oic for pullisi | |
| aw and, if employe | • | | | | to be incorrect or wrong, | i shali be ila | ole for pullisi | |
| aw and, if employe | | | | | to be incorrect or wrong, | | - | nment under |
| therein. I am aware law and, if employe Place: | | all stand sum | marily dismisse | d. | | (Signa | tures of the C | nment under |
| aw and, if employe Place: Date: | | all stand sum | marily dismisse | d. E (to be | signed by any of the follow | (Signa ving) | tures of the C | nment under |
| aw and, if employe Place: Date: (i) Gazetted O | | all stand sum DENTITY (or State Gove | marily dismisse | d. E (to be (ii) | signed by any of the follow Member of Parliament or Tehsildar or Naib/Deputy | (Signa ving) State Legisla | tures of the C | nment under |
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Address.....(with Rubber Stamp)