UTTAR BANGA KRISHI VISWAVIDYALAYA Pundibari, Cooch Behar, PIN- 736165, West Bengal

[Application Form for Programme Assistant (Lab. Technician)]

| 1. Post applied for: | |
|--|--|
| 2. Applicant's full name: (In Block Letters) 3. Father's Name: | Affix recent Passport size colour photograph |
| 4. (a) Address for correspondence: | |
| (b) Permanent Address: | |
| 5. Telephone Number (with STD code)/Mobile No.: | |
| 6. Email ID (if any): | |
| 7. Date of Birth: | |
| 8. Age as on 01 July 2019: YearMonthDays | |
| 9. Caste and Category of the applicant (put \lor) (Relevant certificates need to be | enclosed): |
| | |
| SC ST OBC-A OBC-B GEN | |
| For PWD - (a) Blindness or Low Vision (b) Hearing impairment (c) Loco-motor disability or Cerebral Palsy | |

10. Educational Qualification (commencing from Matriculation): The attested true copies of the certificates and Mark sheets should be enclosed. Any related technical qualification may also be mentioned in the same table.

| SI. No. | Name of the Exam | University/Board /Institute | Year of passing | % of marks | Subjects/ specialization | Divn/ Class/ OGPA | Awards/ Medals if any |
|------------|------------------|--------------------------------|-----------------|------------|-----------------------------|-------------------------|-----------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

11. Details of professional experience (The attested true copies of experience certificate of the employee should be enclosed or use separate sheet, if necessary):

| SI. No. | Post held | Pay scale | Name and address of the employer | Period (years) from To | Nature of duties performed/performing |
|------------|-----------|-----------|----------------------------------|------------------------------|---------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

- 12. Knowledge in Computer (Attach certificate, as the case may be):
- 13. Any Other relevant Information the candidate may need to submit (Attach separate sheets if necessary):

14.

| Demand Draft No. & Date: | Name of Issuing Bank: | Amount of fee remitted: | |
|--|---|-------------------------|--|
| On-line transfer details: Debit A/C No or Card No. | | Credit A/C No.: | |
| Amount: | On-line Transfer Code (UTR code)/ Transaction ID with date: | | |

15. Declaration: I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars/information given above being found false/incorrect and/or if any discrepancy in the particulars is detected after my appointment, on account of wilful suppression and/or distortion on my part, my application/candidature is liable to be rejected or my services shall be liable to be terminated forthwith, as the case may be.

| Place: | |
|--------|----------------------------|
| Date: | Signature of the Applicant |