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

(Application Form for Subject Matter Specialist)

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 SC ST OBC-A OBC-B GEN	e enclosed):
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 out	% of marks	Subjects/ specialization	Divn./ Class/ OGPA	Awards/ Medals if any
1.							
2.							
3.							
4.							
5.							

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.	List of	publications (Attach sep	arate sh	neets if	necessarv):
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- 13. Knowledge in Computer Application:
- 14. Any Other relevant Information the candidate may need to submit:

16. 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