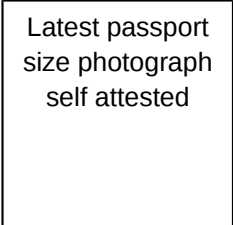


APPLICATION FORM FOR THE POST OF SECTION OFFICER (HORTICULTURE)

1. Name of the candidate :
(in Block letters)



2. Father/ Mother Name :

3. Permanent address :

4. Address for correspondence :

5. Contact Details (Tel/Mobile/e-mail) :

6. (i) Date of Birth (as entered in the Matriculation or Equivalent Examination certificate) :

DD MM YY

(ii) Age as on last day of submission of application :

Years Months Days

(For example if, the date of birth of candidate is (18.6.1994) then filled 21 years 6 months and 12-days)

7. Nationality :

8. Gender (Please specify) :

9. Category :

10. Marital Status :

11. Educational Qualification

Matriculation onwards

Exam Passed	Name of Board/University	Year of Passing	Total Marks	Marks obtained	%age

12. Experience, if any :

Sl. No.	Designation	Department	Nature of Work	Period From - to	
1.					
2.					
3.					
4.					
5.					

13. Whether the candidate is already in Govt. Service. : Yes/No

14. Details of application fee : Demand Draft No. _____
Date: _____
Amount: _____

“DECLARATION BY THE CANDIDATE”

I solemnly declare that the particular(s)/information(s) given by me in column No.1 to 14 above are true and correct to the best of my knowledge and nothing has been concealed there from. I further undertake that in the event of any of the particular(s)/information(s) given above is/are found to be incorrect/false at any stage, my candidature/appointment if so made be treated as cancelled/terminated and I shall not claim anything on the basis thereof.

Date: _____

(Signature of the Candidate)

Place: _____