**Dr. Rajendra Prasad Central Agricultural University,**

**Pusa-Samastipur-848125, Bihar**

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| *Please affix your latest passport size self-attested photograph* |

**Application Form**

*(To be filled in by the candidate)*

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| Name of the applicant |  | |
| Post applied for |  | |
| Advertisement No. |  | |
| Item No. |  | |
| Demand Draft No. & Date of Issue | Name of the Issuing Bank | Amount of fee remitted |
|  |  |  |

(Signature of the candidate)

**For Official Use Only**

Date of receipt of the application

|  |  |  |
| --- | --- | --- |
| Checked by | Dealing Assistant | Section Officer |
|  |  |  |

Remarks, if any

**Dr. Rajendra Prasad Central Agricultural University,**

**Pusa-Samastipur-848125, Bihar**

**Certificate of Verification by the Employer**

1. The entries made in the application of Dr./Sh./Smt./Km..................................................... for the post of ......................................................................................have been verified and are correct.
2. Thereisnovigilance/disciplinary/criminalcasependingagainsthim/her.
3. Details of the Minor/Major penalties imposed during the last ten years, if any.
4. Certified that the work and conduct of Dr. /Shri. /Smt. /Km. ............................................................... is above average for the last five years.

**The gist of AAR/ACR grading/ratings for the preceding five years are as follows:-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year |  |  |  |  |  |
| Grading/Rating by Reporting Officer |  |  |  |  |  |
| Grading/Rating by Reviewing Officer |  |  |  |  |  |

Office File/Ref No. .................................................

Signature

Name

Designation with office seal

Office Seal Date

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In service candidate should get the above endorsement signed by his/her present forwarding authority.

**DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY, PUSA**

**SAMASTIPUR, BIHAR-848 125**

**Website: -** [**www.rpcau.ac.in**](www.rpcau.ac.in)

Paste your recent passport size Photograph here

**Application Form**

1. Name of the post applied for........................... Discipline .............................Specialization…………………………
2. **Personal Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **a)** Name  *(in capital letter)* | | | | | | | | | **First Name** | | | | | | | | | | | | | **Middle Name** | | | | | | | | **Surname** | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| **b)**Date of Birth | | | | | | | | | Day | | | Month | | | | | | Year | | | | Age as on last date of advertisement | | | | | | | | Age | | | Months | | | |
|  | | |  | | | | | |  | | | |  | | |  | | | |
| **c)** Father’s Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d)** Mother’s Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e)** Nationality | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **f)** Gender | | | | | | | | | Male / Female | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **g)** Religion | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **h)** Community/Category | | | | | | | | | GEN/SC/ST/OBC/Other Categories...........................................  If other categories give details.................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i)** Marital Status | | | | | | | | | Married/Unmarried | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **j)** If physically disabled indicate the  relevant particulars | | | | | | | | | If applicability write “Yes” | | | | | | | | Percentage of Disability | | | | | | | | | Sl. No. of Proof enclosed | | | | | | | | | | |
| **k)** Permanent Address with Pin Code: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Landline( with STD code)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **l)**Present Address with Pin Code  for correspondence | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Email: | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mobile: | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Landline with STD Code | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Educational Qualifications (attach additional pages if required)**Attach one set of self-attested photocopies of certificate(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exam | | Name of the Course | Name of the Board/  university | | | | Month & year passed | | | | Division | | | | | % of marks | | | | | CGPA (if grading is application)  (Attach conversion certificate) | | | | | | | Subject studies | | | | | | | | S  Sl. No. of proof enclosed |
| 10th class/  Equivalent | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| 12th Class/ equivalent | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| Bachelor Degree | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| Master’s Degree | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| M. Phil  /Equivalent | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| Ph.D | |  |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  |
| Indicate whether Ph.D degree has been awarded : Yes/No (only regular basis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please submit the followings | | | | | | Date of Registration | | | | | | | Date of Submission | | | | | | | | | | Date of Notification | | | | | | | | | Sl.No. of Proof enclosed | | | | |
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| NET UGC/CSIR/ASRB Fellowship,  if any | | | | | | Subject | | | | | | | | | | | | | | | Roll No. | | | | | | | | Year | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| Any other Exam passed equivalent to NET (SLET/SET etc.) | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
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| 1. **Chronological List of Experiences (including current position/Employment) use separate sheet if needed.**   Please enclosed self-attested copies of certificate/proof in support of employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | Name & Address of the Employer  (Pl. Indicate Govt/quasi govt./PSU/others) | | | Nature of Employment (Permanent/Temporary/Contract/others (Specify) | | | | | | Period of Experience | | | | | | | | | No. of years/Months (as on day of adv.) | | | | | Nature of Work/Duties  (attach separate sheet, if needed) | | | | | Salary per month | | | | | | Sl. No. of Proof enclosed | |
| Date From | | | | Date  To | | | | |
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| 1. **Specify the nature of experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Teaching | | | | | | | | | | | | | | | No. of Years | | | | | | | | | | No. of Months | | | | | | Sl. No. of proof enclosed | | | | | |
| 1. Bachelor’s Level | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| 1. Masters’ Level | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| 1. Ph.D. Level | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| **b)** Post –Doctoral: Teaching/Research | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| **c)**Research Experience (RA, SRF or Scientist only) | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| **d)**Other Experience, if any | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |
| 1. **Publications (Refereed Journals), if any, in last five years (Mention here only numbers). The details of copies of reprint to be enclosed.**   **Note:** Research papers published in refereed journals will be considered for allocation of scores according to NAAS/UGC Journal rating applicable from 01.01.2017. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authors, Year of publication, Title of the paper** | | | | | | **Journal Name, Volume and Page No.** | | | | | | | | | | | | | | | **NAA/UGC Journal Id** | | | | | | | **NAAS/UGC Rating** | | | | | | | **For office use only** | | |
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**Note**: 1. No Score will be given if references are incomplete

2. UGC Score will be used only for those subjects whose journals are not listed in NAAS list.

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| **7. Other publications (Enclose reprints of title page)** | | | | | | | | |
| **Category of publication** | **Name of publication** | **Authors** | **Year and Number of pages** | | | **Publisher** | | **For office use only** |
| Practical / Training Manual/ Books/ Monographs |  |  |  | | |  | |  |
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|  |  |  | | |  | |  |
| Book Chapters / Policy Papers/ Economic Reviews |  |  |  | | |  | |  |
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| Popular Articles/ Bulletins/ Short Communications |  |  |  | | |  | |  |
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| Papers in Proceedings |  |  |  | | |  | |  |
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| **8. Seminar/conferences attended etc.**(Attach copies of certificate/proof) | | | | | | | | |
| Seminars/Conferences/Workshops/Symposiums/Training Programmes etc. **Organized** | | | | In India (No.) | In Abroad (No.) | | Sl. No. of Proof enclosed | |
| Seminars/Conferences/Workshops/Symposiums/Training Programmes etc. **Participated as Paper contributors/Presenter/Discussant** | | | |  |  | |  | |
| Seminars/Conferences/Workshops/Symposiums/  Training Programmes etc. **Attended** | | | |  |  | |  | |
| **Declaration:**  I..................................................................... Son/Daughter of..................................................... hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or even after the selection, my candidature/appointment may stand cancelled.  **Signature of the Applicant**  **Name (in Block Letters)**  Date (Application not signed by the candidate is liable to be rejected.) | | | | | | | | |