



Dr. Rajendra Prasad Central Agricultural University

Pusa, Samastipur, Bihar -848125

Application Form for the post of Assistant Registrar

(For office use only)									
Eligible: (Yes / No) If not Eligible, reason thereof:						<i>Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form</i>			
(Signatures of Screening Committee Members)									
Details of Fee Payment (<i>Demand Draft of ₹ 1000/- only for General, OBC and EWS category candidates in favour of comptroller, RPCAU, Pusa only (SC/ST/PwD/Women candidates are exempted from fees).</i>)									
Draft Number		Date of Issue		Amount		Name of the Bank and Issuing Branch		Name of the Bank on which Drawn	
1	Name (In Capital Letters)	First Name			Middle Name		Surname		
2	Date of birth	Day	Month	Year	Age as on last date of advertisement	Years	Months		
3	Place of birth	City/Village			State		Country		
4	Mother's Name								
5	Father's Name								
6	Address	Correspondence				Permanent			
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:			
7	Nationality								
8	Sex	Male/ Female/Transgender: _____							

9	Community/ Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: _____ Sl. No. of proof enclosed (if belongs to Reserved Category): _____
10	Marital status	Married/Unmarried/Divorced: _____ If married, name of spouse _____

11. Educational Qualifications *(Attach additional pages, if required)*

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Roll No.		Year	Sl. No. of Proof of enclosure

12. Chronological list of Experience *(starting from current position/ employment)*

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	No. of Years/ Months (As on last date of advertisement)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

13. Nature of Experience

	No. of Years	No. of Months	No. of Days	Sl. No. of proof of enclosure
a) Teaching				
b) Administrative				
c) Research				
d) Other experience, if any				
Total Experience				

** (Add separate sheet if required, to be annexed at relevant S.No.)*

14. Have you ever been punished during your studies at College/University? (Yes/No) :
15. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
16. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
17. Do you have any case pending against you in any court of law? (Yes/No) :
18. **Any other information/qualification relevant to the post applied for:**

19. 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 found false or incorrect or ineligibility being detected before or after the Selection Committee and Board of Management meetings, my candidature/appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTER)

Date: _____

**Application not signed by the candidate is liable to be rejected*

20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post ofhave been duly verified from the
records and are found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her.
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during
the last ten years on him / her – Yes / No.

If Yes give details.....

4. Certified that the work and conduct of Dr./Shri/Smt./Km. is
above average during the last five years.
5. The gist of AAR/ACR gradings/ratings for the preceding four years is 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:

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

Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 th Class) Marks Sheet		
2.	Matric/Secondary/High School (10 th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Any other Qualification		
10.	Caste Certificate issued by the Competent Authority		
11.	Experience Certificate(s) from previous employer(s)		
12.	Endorsement from the present employer		
13.	DD for the application fees (in original)		
14.	Any other		

Total number of sheets enclosed _____ (please give sequential number to each sheet and signature with date).