

Dr. Rajendra Prasad Central Agricultural University

Pusa, Samastipur, Bihar -848125

APPLICATION FORM FOR THE POST OF COMPTROLLER

			(For off	ice use o	nly)					
Elig	ible:			(Y	es / No)			Paste	e your recent	
If no	ot Eligible, reason t	pa. photog sign ac so t signat	passport size photograph here and sign across the photo so that part of signature should be on form.							
	ails of Fee Paym	nent (Payment of ₹ 1		mittee Memb for General, O		EWS category co	undidates Paymer	nt of ₹ 500/- only	
	que Transaction Reference No.	Date	e of transaction Amount			Name of the Bank used for payment				
1	Name		I	First Nam	ie	Mi	ddle Name	Sur	name	
(In Capital Letters)		rs)								
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			Correspo	ondence		Permanent			
			City:				City:			
			District:				District:			
			State:				State:			
			Pin Code:				Pin Code:			
			Mobile:				Mobile:			
			Email:				Email:			
7	Nationality									
8	Sex		Male/ Fema	le/Transg	gender:					

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

	Name of course	Boa	of the ard/ ersity	Year passed	Division	CGPA (if grading is applicable)	% of Mark (pl. indicate equivalen to CGPA also)	25	ıbjects studied	Sl. No. of proof of enclosur
10th Class / equivalent	(a)	(1	b)	(c)	(d)	(e)	Ø		(g)	(h)
10+2/Higher Secondary/ equivalent										
Bachelor's degree										
Master's degree	,									
	Name of Course/Subject				R	oll No.		Year	Sl. No. of Proof of enclosure	
Any other exams passed										
12. Chrono	logical list of	Experi	ence (s	tarting fron	n current j	position/ em	ployment)			
Designation Name & address of employer			Fron	Period of Experient To		Pay level as	Pay level as per 7th CPC and Basic pay		re of work/ duties	Sl. No. o proof o enclosu
(a) (b)			(c)	(c) (d)		(e)	(e)		(f)	(g)

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

	No. of Years	No. of Months	No. of D	ays	Sl. No. of proof of enclosure	
n) Teaching						
o) Administrative						
e) Research						
l) Other experience, if any						
Total Experience						
st (Add separate sheet if required, to be a	nnexed at relevant S.No.)	•	•		1	
14. Details of the training	programme attend	ed				
Name of the Programme	Year	Year Duration (in days)		Organizing Institution		
			, - -			
IF Date its again a fine and	was and Daniel and and	D	. 4 . 4			
15. Details of the Manage	ment Development					
Name of the Programme	Year	Duration (i	n days)	Org	anizing Institution	
14. Details of the orientat	ion programmes/tr	aining programme	es/worksho	pps		
			n days)		anizing Institution	

be current superior.								
Name of the referee	Designation	Address	Contact No.	Email ID				

14. Please provide details of two (02) referees (Not related to the candidate). At least one should

Duration (in days)

14. Details of the refresher programmes attended

Name of the Programme

Year

Organizing Institution

15.	Have you ever been punished during your studies at College/University? (Yes/No) :
16.	Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
17.	Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
18.	Do you have any case pending against you in any court of law? (Yes/No) :
19.	Any other information/qualification relevant to the post applied for:
20. De	eclaration
I,	son/daughter of hereby
declar	e that all the statements and entries made in this application form are true, complete and correct to
the be	st of my knowledge and belief. In the event of any information found false or incorrect or ineligibility
being	detected at any stage or not satisfying the eligibility criteria according to the advertisement, my
candid	lature/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

	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.							
	There is no vigilance/disciplinary/criminal case pending against him/her.							
	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							
	Certified that the work and conduct of Dr./Shri/Smt./Km is above average during the last five years.							
	The gist of AAR/ACR gradings/ratings for the preceding five years is as follows:-							
Ye	ear →							
	rading/Rating by eporting Officer →							
	rading/Rating by eviewing Officer →							

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.	Proof for Date of Birth		
2.	Matric/Secondary/High School (10 th Class) Marks Sheet		
3.	Matric/Secondary/High School (10 th Class) Certificate		
4.	Sr. Secondary/Intermediate (12thClass) Marks Sheet		
5.	Sr. Secondary/Intermediate (12thClass) School Certificate		
6.	Bachelor's Degree Final Year Marks Sheet		
7.	Bachelors' Degree		
8.	Master's Degree Final Year Marks Sheet		
9.	Master's Degree		
10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
12.	Experience Certificate(s) from previous employer(s)		
13.	Endorsement from the present employer		
14.	Payment receipt for the application fees		
15.	Any other		

Total number of sheets enclosed	please give	sequential nun	nber to each sh	eet and signatur	e with date)