

# Sam Higginbottom Institute of Agriculture, Technology & Sciences

(Formerly Allahabad Agricultural Institute)

[Established in 1910]

(Deemed-to-be-University)

## **APPLICATION FORM**



Application No. 

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AFFIX PHOTOGRAPH

1. Post applied for \_\_\_\_\_ Adv. Ref. & date \_\_\_\_\_

2. Name of the applicant \_\_\_\_\_  
(In block letters) (First Name) (Middle Name) (Last Name)

3. Father's Name \_\_\_\_\_

4. Date of Birth 

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 5. Nationality \_\_\_\_\_

6. Physical Disabilities (if any) \_\_\_\_\_

7. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Correspondence Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Contact No. (STD Code) \_\_\_\_\_ Mob. \_\_\_\_\_

10. Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_ 11. Religion \_\_\_\_\_

12. Name of the educational institution attended.

Institution attended	Location	Year of joining	Year of leaving

13. Particulars of academic and technical qualifications:

Examination or degree	Examination body	Year of passing	Division/ Grade	% of Marks	No. of attempts	Subject (main)
High School						
+2 level						
Graduation						
Post graduation						
Doctoral degree						
P.G. Diploma						
Other relevant qualifications						

14. Particulars of employment:

Post held	Employer	Date of joining	Date of leaving	Last basic salary	Reason for leaving

15. Any other experience:  
(Attach separate sheet, if required)

16. Details of research and achievements:  
(Attach separate sheet, if required)

17. List of publications:  
(Attach reprints)

18. Languages known:

Languages	Speak	Read	Write
Hindi			
English			
Any other			

19. Highest examination passed in Hindi/English

20. Did you ever apply to this Institution previously?

21. Notice period required to be relieved from the present employer:

22. Name of two referees: (They should not relate to you, and should respond to enquires about character, intelligence, capacity etc. Include the head of the educational institution and the present employer UNLESS copies of testimonials from them are attached)

A. Name:

Occupation:

Address:

Ph. No.

B. Name:

Occupation

Address:

Ph. No.

23. If employed, attach "No Objection Certificate" of the employer with seal.

### **SELF DECLARATION**

I \_\_\_\_\_ hereby certify that entries in this form and additional particulars furnished are truly and correctly stated. I understand that whenever any of the facts stated above are found to be incorrect, my appointment is liable to be quashed.

E-mail .....

Mob. \_\_\_\_\_

Date:

Signature of the applicant