

MAHARASHTRA ANIMAL AND FISHERY SCIENCES UNIVERSITY
Futala Lake Road, Nagpur – 440 001 (M.S.)



APPLICATION FORM FOR THE POST OF
PROGRAMME ASSISTANT (COMPUTER)/ T-4

To be filled in by the candidate

Post Applied for	
Sr. No. of Post in the Advertisement	

Date :

(Name & Signature of the Candidate)

For Official Use Only

Date of receipt of application:



MAHARASHTRA ANIMAL AND FISHERY SCIENCES UNIVERSITY
Futala Lake Road, Nagpur – 440 001 (M.S.)

Affix your
latest pass-
port size self
attested
photograph

1) Name of the post applied for : _____

2) Monthly Pay : _____

3) a) Applicant's full name (As recorded in SSC Certificate)	Surname : _____
	First Name : _____
	Father's Name : _____
b) Mother's Name	: _____
c) Father's Name	: _____

4) Complete Postal Address for correspondence :	_____

	City _____ Taluka _____ District _____
	Pin _____
	Contact Ph. No. with STD. Code _____
	E-mail I.D.(if any) _____
Mob. No. _____	

5) Date of Birth									Page No.
	Date	Month	Year						

6) Age as on last date of submission of application form						
	Years	Months	Days			

7) Sex	Male	Female
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8) Marital Status	Married	Unmarried
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No. of living children and date of birth of last child (necessary undertaking in the prescribed Form - "A" should be enclosed with the application)	
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9) State of Domicile	Page No.
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10) Whether any disciplinary / criminal case is pending against you?	Yes	No
11) Whether any minor or major penalty imposed upon you during last ten years?	Yes	No
12) Do you possess the essential qualifications prescribed for the post?	Yes	No

13) Computer competency : Whether passed MS-CIT or equivalent examination? (As per G.R. dt. 04/02/2013)	Yes	No	Page No.

14) VCI/State Council Registration No. & date of expiry (For Veterinarian only)	Registration No.:
	Date of Expiry :

15) Any other relevant information that you would like to furnish (Use separate sheet if necessary)	Yes	No
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16. Academic Qualifications

Level	Degree/ Diploma/ Certificate	Year	Institute/ University	Subject(s) with major field	Division / Percentage of marks	Page no.
Graduation						
Masters						
Other						

17. Employment Record and Experience

Designation	Pay Scale/ Pay band	Organization/ Institute	Period		Duration			Nature of work	Page No.
			From	To	Y	M	D		
TOTAL WORK EXPERIENCE (Y/M/D)									

18. Participation in Trainings/ Workshops/ Summer / Winter schools/ Refresher courses

Sr. No.	Title	Organizing Institute	Duration (Days)	Period		Page No.
				From	To	

19. Scientific Publications

Details of Papers published in Scientific Journal						
Sr. No.	Authors	Year	Title of the paper	Name of the Journal, Volume, Page Nos.	NAAS score of Scientific Journal	Page No.

20. Experience of Extension

A) Radio talks				
Sr. No.	Title of the talk	Name of the Radio programme & radio station	Date of Recording/ Broadcast	Page No.
B) Television programmes				
Sr. No.	Title of the programme	Name of the television programme & TV station	Date of Recording/Telecast	Page No.

21. Extracurricular activities			Page No.
A	Have you passed NCC A/B/C Certificate examination? If yes give the details		
B	Have you participated in Republic Day Parade? If yes give the details		
C	Did you participate in the Inter-Collegiate / Inter-University Sports or Cultural events ? If yes give the details		
D	Have you won any medal / prize in Inter-Collegiate / Inter-University Sports or Cultural events ? If yes give the details?		
E	Have you participated in NSS activity? If yes give the details		

DECLARATION

I, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and I will submit the original certificates & documents at the time of interview and also assured that I have not concealed any fact or withheld any information regarding my past service and record. If any information is found to be false or incorrect or anything is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation

Place: _____

Date: _____

(Name & Signature of Applicant)

DECLARATION

FORM "A"

(See Rule 4)

I, Shri/Smt/Kum. _____

Son/Daughter/Husband/Wife of Shri _____ aged _____ years resident of

_____ do hereby declare as follows:-

1. That I have filled my application for the post of _____
2. I have _____ (Number) living children as on today. Out of which No. of children born after dt. 28 March, 2005 is _____ (mention dates of birth, if any) _____
3. I am aware that if any total number of living children are more than two due to the children born after dt. 28 March, 2005, I am liable to be disqualified for the same post.

Place: _____

Date: _____

Name and Signature of the candidate

DETAILS OF ENCLOSURES

Sr.No.	Particulars of Documents	Competent Authority	Date of issue by Competent Authority	Page No.
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Date :

Signature : _____

Name : _____