

APPLICATION FORM FOR CLASS-III POST (TECHNICAL ASSISTANT)

Dr. Yashwant Singh Parmar University of Horticulture & Forestry, Nauni (Solan)-173230, Himachal Pradesh

| Advertisement No. | .01/2019 | Dated: 04.01.2019 | |
|---|-------------------------|-------------------|---------------------------------|
| Post applied for | | | |
| Detail of application fee | Bank Draft No. | | Affix your latest passport size |
| [Attach Bank Draft of prescribed fee in | Drawn in favour of Bank | | Photograph |
| Original] | Amount | | |

PART A: PERSONAL INFORMATION OF THE CANDIDATE:

| 1. | Name of the Applicant | |
|-----|--|--|
| | [As given in matriculation certificate] | |
| 2. | Father's Name | |
| | [As given in matriculation certificate] | |
| 3. | Date of Birth | |
| | [As given in matriculation certificate] | |
| 4. | Whether belongs to SC/ST/OBC/PH/ESM | |
| | [Attach attested copy of certificate in support] | |
| 5. | Gender (Male/Female/Trans Gender) | |
| | | |
| 6. | Whether a bonafide resident of Himachal | |
| | Pradesh (Yes/No) | |
| | [Attach attested copy of certificate in support] | |
| 7. | Mobile Number | |
| | | |
| 8. | Alternate Mobile Number | |
| | | |
| 9. | e-mail id | |
| | | |
| 10. | Address for Correspondence | |
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| | | |
| | | |
| | | |
| 10. | Address for Correspondence | |

| 11. | Permanent Address | | |
|-----|---|----------------------|-----------------|
| 12. | Whether you are a HP Government Servant (Yes/No) | | |
| 13. | Whether age relaxation claimed (Yes/No) [Reasons: Belongs to SC/ST/ESM/OBC/PwD category or a HP Government Servant] | | |
| 14. | Employment Registration Number [Attach attested copy of certificate in support] | | |
| | Name of the Employment Exchange Registered with | Date of Registration | Date of Renewal |
| | | | |

PART B: ACADEMIC QUALIFICATION OF THE CANDIDATE:

| 15. | ACADEMIC QUALIFICATION | | | | |
|------------|------------------------|-----------------------------|------------------|------|--|
| Sr. No. | Qualification | Recognized Board/University | %age of Marks | Year | |
| i. | | | | | |
| ii. | | | | | |
| iii. | | | | | |
| iv. | | | | | |
| v . | | | | | |
| | | | | | |

[Attach attested copies of all academic certificates, in support]

PART C: INFORMATION REQUIRED FOR EVALUATING THE CANDIDATES FOR THE POST STRICTLY AS PER PARAMETERS PRESCRIBED BY THE STATE GOVERNMENT IN ITS NOTIFICATION No.Per(AP.B)B(15)-5/2014 dated 17.04.2017 FURTHER ADOPTED BY THIS UNIVERSITY, VIDE NOTIFICATION No.UHF.Regr.Rectt.2-39/2017/-27703-27745 dated 26.12.2017.

| Sr. No. | Criteria of Evaluation | Yes/No |
|------------|--|--------|
| 16. | Whether belongs to notified Backward Area or Backward Panchayat, as the case may be? | |
| | (Attach attested copy of certificate duly issued by the concerned SDO(C)/Tehsildar/Naib Tehsildar) | |
| 17. | Whether belonging to Land Less family/family having land less than 1 hectare? | |
| | (Attach attested copy of certificate duly issued by the concerned SDO(C)/Tehsildar/Naib Tehsildar) | |
| 18. | Whether none of your family member is in Government/Semi-Government Service? | |
| | (Attach attested copy of certificate duly issued by the concerned SDO(C)/Tehsildar/Naib Tehsildar) | |
| 19. | Whether differently abled person with more than 40% impairment/disability/infirmity? | |
| | (Attach attested copy of certificate duly issued by the Health & Family Welfare Authorities/Medical Boards) | |
| 20. | Whether possess any NSS (atleast one year) holder certificate in NCC/The Bharat Scout | |
| | and Guide Medal winner in National level sports competition? | |
| | (Attach attested copy of certificate duly issued by the concerned District Youth Services and Sports | |
| | Officer/Head of Institution) | |
| 21. | Whether belong to BPL family having family income (from all sources) below Rs.40,000/- | |
| | or as prescribed by the Government, from time to time? | |
| | (Attach attested copy of certificate duly issued by the concerned BDO (by taking the authenticated | |
| | entries in the "Parivar Register" as the basis of such certificate or Concerned Commissioner/Joint | |
| | Commissioner/ Assistant Commissioner of Municipal Corporation or Concerned Executive Officer of | |
| 22. | Municipal Council or Secretary of Nagar Panchayat, as the case may be) | |
| ۲۲. | Whether Widow/Divorced/Destitute/Single Women? (Attach attested copy of certificate duly issued by the concerned BDO (by taking the authenticated | |
| | entries in the "Parivar Register" as the basis of such certificate or Concerned Commissioner/Joint | |
| | Commissioner/ Assistant Commissioner of Municipal Corporation or Concerned Executive Officer of | |
| | Municipal Council or Secretary of Nagar Panchayat, as the case may be) | |
| 23. | Whether Single Daughter/Orphan? | |
| | (Attach attested copy of certificate duly issued by the concerned BDO (by taking the authenticated | |
| | entries in the "Parivar Register" as the basis of such certificate or Concerned Commissioner/Joint | |
| | Commissioner/ Assistant Commissioner of Municipal Corporation or Concerned Executive Officer of Municipal Council or Secretary of Nagar Panchayat, as the case may be) | |
| 24. | Whether undergone training of atleast 06 months duration related to the post from a | |
| | recognized University/Institute? | |
| | (Attach attested copy of certificate duly issued by the competent authority of the concerned | |
| | University/Institute) | |
| 25. | Whether possesses any experience in Government/Semi-Government organization | |
| - • | relating to the post applied for? | |
| | (Attach attested copy of certificate duly issued by the competent authority of the concerned | |
| | Government/Semi Government Organization) | |

I hereby declare that I am an Indian National and the statements made in this application are true, complete and correct to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and if appointment itself shall be liable to be cancelled.

| eligible in all respects according to eligibility criteria prescribed. | |
|--|-----------------------------|
| | |
| Date: | Signatures of the Candidate |
| [Attach attested copies of all the certificates claimed above, | with this application form] |

I also solemnly declare that I do not suffer from any of the disqualifications shown in the advertisement for the post and I am