

Ramakrishna Mission Vivekananda Educational and Research Institute (RKMVERI) (Declared by Govt. of India as Deemed University under Section 3 of UGC Act, 1956) Faculty Centre for "Agriculture, Rural and Tribal Development (ARTD)" Ramakrishna Mission Ashrama, Morabadi, Ranchi-834008

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Please affix your recent
passport size
photograph here

<u>APPLICATION FORM</u> (To be filled in by the candidate)

A. Name of the applicant (IN CAPITAL LETTERS):

B. Post applied for:

C. Personal Details:

1	Name of the Candidate (IN CAPITAL LETTERS)	
2	Gender	
3	Date of birth (DD-MM-YYYY)	
4	Age as on closing date for the receipt of	
	applications in India (Years/Months/Days)	
5	Father's Name	
6	Designation of the candidate (<i>if employed</i>)	
7	Name of the Parent Office/ Institution/	
	Organization (if employed).	
8	Actual place of posting (if employed).	
9(a)	Full postal address for correspondence with PIN	
	Code	
9(b)	Permanent address	
9(c)	Contact details	Mobile No.
		E-mail IDs

11			India by birth/dom	nicile?		
12	<u> </u>	`	BC/General)			
13						
	any offence? If so, give details thereof.					
Have you ever been punished or debarred from						
service of Govt. or other organizations/ICAR etc.? If so, details thereof.						
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15		•	linary/criminal caso ny major/minor p			
			so, give details.	enalty been		
16	-		ready to accept th	ne minimum		
10		-	If not, state the lo			
	_	you would				
	11 2 .			<u>l</u>		
D. Ac	ademic Q	ualificatio	ns:			
(i) Ac	ademic p	erformano	ee:			
]	Level	Year of	Board/Institute/	Subject(s) with major	Grade/Marks/Percentage	For office use
		passing	University	field	Graue/Marks/refeemage	only
Matrio	culation					
HS (1	0+2)					
Gradı	ation					
Maste	ers					
Ph.D.						
Other	S					
`	vant to					
the po						
applie	ed for)					
Indica	ate wheth	er Ph.D. d	egree has been aw	varded (on regular ba	sis only): Yes or No	
If no,	please me	ention whet	her thesis has been	submitted or not:		
Title d	-	work and n	ame of the guide/s	supervisor during:		
<i>、 </i>		Dissertatio	on:			
	Name of	f the Guid	e :			
(b) Pł	n. D.:					
	Title of	Thesis:				
	Name of	f the Guid	e :			
	1 (HIII)	. m. Guid	••			
(c) W	hether qu	ialified NE	T: Yes or No			
	Details	of NET qu	alification (ICAR/	UGC, year etc.):		

(ii). Academic Performance Rewards:		
Whether candidate is a recipient of the following?	Candidate's Response	For office use only
National Talent Scholarship/ ASPIRE/ Other such Scholarship	Yes/No	
Merit scholarship at UG level	Yes/No	
JRF at M.Sc. level/Merit scholarship in DUs	Yes/No	
SRF of ICAR/CSIR/JRF of UGC at the Ph.D. level or other national level fellowships or GATE upper 5%	Yes/No	
First position/ Gold Medal in the University at the Graduate level	Yes/No	
First position/ Gold Medal in the University at the Master's level	Yes/No	
Overseas Doctoral Fellowship or scholarship i.e. Commonwealth, DAAD etc.	Yes/No	
(iii). Ph.D. Thesis Award		
Jawaharlal Nehru Award of the ICAR for best Ph.D. thesis	Yes/No	
Ph.D. Gold Medal/ Best thesis award at the university level / others	Yes/No	
(iv). Post-Doctoral Fellowship/Associateship		
Post-Doctoral fellowship/associateship – of 6 months or more duration	Yes/No	
Overseas Post-Doctoral fellowship/associateship – of 6 months or more duration.	Yes/No	

Note:

- a. Please enclose self-attested photocopies of (i) Date of Birth Certificate (ii) Degree certificates and mark sheets of Graduation, Post-graduation (Master degree) & Ph.D.
- b. Provide evidence of Class/Division with appropriate conversion formula of the awarding University and other academic achievements listed above.

E. List of Research Publications (Please provide **only a list of** peer reviewed publications if any along with their impact factor (research, technical, extension).

Sl. No.	Research publication	Impact factor

^{**} Attach photocopies/scan copies of three best research publications in peer-reviewed/UGC listed journals.

F. Experience in Relevant Field - Employment record (starting from the present position)

Designation & Place of posting			Organization/Institute	Period	
	Pay Scale Natu	Nature of work		From (DD/MM/ YYYY)	To (DD/MM/ YYYY)

Declaration

I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars/information given above being found false or incorrect, my candidature for the post is liable to be rejected or cancelled and in the event of discrepancy in the particulars being detected after my appointment, my services shall liable to be terminated forthwith without any notice.

Date:	Signature of the applicant
Place:	