

APPLICATION FORM

(Completely filled form with original documents and one set of self-attested photocopies should be submitted at reporting time on 09.10.2024 personally)

Project title: Sentinel Surveillance Sites under National One Health Programme for Prevention and Control of Zoonoses, Department of Veterinary Microbiology College of Veterinary and Animal Science, Navania, Udaipur, Rajasthan 313601

Name of the Post: Laboratory Technician/ Data Entry Operator (Tick whichever applicable)

Please affix self-attested latest passport size photo
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Particulars of the applicant

1	Full name (In capital letters)	
2	Father's/Husband's Name	
3	Date of Birth (DD/MM/YY)	
4	Age as on date of advertisement	
5	Present address for correspondence	
6	Permanent Home address	
7	Mobile No.	
8	E-mail address	
9	Gender	
10	Marital status	

11. Details of educational qualifications

Examination*	Discipline/ Subjects (Major)	Board/ university	Institute/ college	Year of passing	Duration of course	Percentage /CGPA obtained
I.	10 th					
II.	12 th					
III.	Bachelor's degree					
IV.	Master's degree					
V.	Ph.D.					
VI.						
VII.						

*Only completed or awarded qualification should be mentioned. Incomplete or result awaited qualification should not be mentioned or clearly indicated.

12. Work experience

Sr. No.	Post/position held	Employer	Period (from-to)	Work done/nature of duty

13. Are you currently employed: Yes/No

If yes, whether obtained NOC from present employer: Yes/No

14. Are you convicted by any Court of Law: Yes/ No

If yes, reason thereof

14. Additional Relevant Information if any:

All the statement should be supported by proof enclosure wherever necessary. If the space is insufficient additional sheet may be used where ever required.

DECLARATION

I..... Son/Daughter of hereby declare that the information made in this application form is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me is found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date:

Name (in block letters)

(Application not signed by the candidate is liable to be rejected)