

DR.PANJABRAO DESHMUKH KRISHI VIDYAPEETH,AKOLA
Krishi Vigyan Kendra, Hiwara, Tq. Dist.Gondia

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**WALK-IN INTERVIEW
APPLICATION FORM**

1.	Name of the Candidate (In block letters)							
2.	Application for the post of							
3.	Advertisement No. & Date		No. KVK/Gondia/NFSM/Advt./ /2024				Dated: 16/12/2024	
4.	Date of Birth (In figures)		Years		Month		Date	
	Date of Birth (In words)							
5.	Age as on closing date of receipt of application		Years		Month		Days	
6.	Father's/Husband's Name							
7.	Marital Status							
8.	Nationality & Religion							
10.	Category and Caste SC/ST/VJ/NT/OBC/SBC/OPEN State category (enclose certificate)						Gender	
							Male	Female
11.	Postal Address for Correspondence with Pin Code							
			MOBILE-					
			E mail id-					
12.	Education Qualification (10 th Onwards)							
	Examination or Degree	Class or Division	% of marks/ CGPA	Year of Passing	Subject/ Specialization	Name of Univ./ Board		
13.	Experience							
	Name & address of the employer	Post held, Nature of work / duties performed & Pay scale	Period of duties performed		Total Experience			
			From	To	Y	M	D	

DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I have read all the terms and conditions thoroughly and also clearly understand that my studies are liable to be terminated without notice, any time during the course of period, if the forgoing information or any part thereof furnished by me is found to be wrong or suppressed.

Date : /12/2024

Place : KVK,Hiwara,Gondia

(Name & Signature of the Candidate)