

Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu

<u>ADVERTISEMENT</u>

Applications on prescribed format are invited for the temporary position of Accountant in the Farmer Producer Organization (FPO) promoted by SKUAST-Jammu, as detailed below:

S. No.	Name of the FPO/Place	Post	Emoluments
1.	Maa Vaishno Lemongrass Farmers Producer Cooperative Ltd. (Panthal)	Accountant- 01(One)	Rs 10,000/- per month consolidate
2.	Progressive Mushroom Growers Farmers Producer Cooperative Ltd. (Marh)	Accountant- 01(One)	Rs 10,000/- per month consolidate

Qualifications for Accountant:

Essential:

The accountant should have educational qualification of 10+2 with Mathematics as a compulsory subject or alternatively with Commerce or Accountancy background.

Desirable:

Local and Experienced candidate will be given preference.

KEY JOB RESPONSIBILITIES:

- I. Accountant is required in FPO to look after its day-to-day accounting work.
- II. Book- keeping, monitoring spending and budgets.
- III. Preparing accounts and tax returns.
- IV. Compiling and presenting financial and increase profits.
- V. Any other work assigned from time to time by the Senior.

The application along with self-attested copies of the certificates should reach **through e-mail:** <u>skuast.cbbo2021@qmail.com</u> on or before 25.03.2024.

Sd/-

Nodal Officer

No: AUJ/DE-FPO/23-24/F- 314/3721-22

Dated: 19-03-2024

Cc: -

- DGM NABARD

- SVC for kind information of the Hon'ble Vice Chancellor

Notice Board.



Directorate of Extension, Chatha, Jammu, J & K 180 009

Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu

Application form

Accountant, FPO SKUAST-Jammu

Affix recent self-attested photograph

2. Parentage (IN CAPITAL LETTERS) 3. Sex 4. Date of Birth (as per records) D D M M Y E A R 5. Marital status 6. Tick mark the appropriate Category General SC ST OBC Others 7. Permanent address 8. Correspondence address 8. Correspondence address 9. Academic qualification: Examination University/ Class / Division OGPA / Year of Percentage Passing Subject Passing Subje	1. Nan	me of t	ne candi	idate (IN CAI	PITAL I	_ETTERS)		1 1		-	1 1	ı	1	_	
3. Sex															
3. Sex	2. Par	rentage	(IN CAF	PITAL LETTE	ERS)										
4. Date of Birth (as per records) D															
4. Date of Birth (as per records) D					l l	1 1			<u> </u>	<u> </u>		l .			
5. Marital status	3. Sex	K													
5. Marital status	4. Date	te of Bi					V 1	_		_	_	7			
6. Tick mark the appropriate Category General SC ST OBC Others			U	U	M	IVI	Y	<u> </u>	A		K	1			
6. Tick mark the appropriate Category General SC ST OBC Others	5 14		-4		l .	l.	ı		I			_			
7. Permanent address 8. Correspondence address 9. Academic qualification: Examination University / Class / Division OGPA / Year of Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:	5. Iviar	ritai Sta	itus										_		
7. Permanent address 8. Correspondence address 9. Academic qualification: Examination University / Class / Division OGPA / Year of Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:	6 Tiel	k mark	the ann	ronriate Cat	edory										
7. Permanent address 8. Correspondence address 9. Academic qualification: Examination University / Board /Institute Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:	0. 1101	K IIIai K	tile app							_					
8. Correspondence address 9. Academic qualification: Examination University / Board /Institute Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:				Genera	I SC	ST	ОВС	; (Others						
8. Correspondence address 9. Academic qualification: Examination University / Board /Institute Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:	7 Per	rmaner	ıt addres							_					
9. Academic qualification: Examination	/. Fei	manen	it addites	,5											
9. Academic qualification: Examination University / Board /Institute Percentage Passing 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
Examination University / Board /Institute Class / Division OGPA / Percentage Passing Subject 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:	8. Cor	rrespoi	ndence a	address											
Examination University / Board /Institute Class / Division OGPA / Percentage Passing Subject 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:															
Examination University / Board /Institute Class / Division OGPA / Percentage Passing Subject 10. Details of Professional Experience: Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email:															
Board /Institute			qualific	ation:	Clas	ss / Divisio	n l	OGPA	1		Vear	of		Subje	
Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	LXUIIIII	ation			Olax	Oldoo / Diviolon								323,00	
Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
Name of the Employer Years of Experience Nature of work 11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
11. Contact details Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	10. Det							1		• .					
Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	Name of the		of the E	:mployer	Ye	rears of Experi		ience N		vature	ature of work				
Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
Mobile: Email: Declaration I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	11 Co	ntact d	otaila					1							
I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:							Em	ail:							
I hereby declare that the information given by me in this application form is complete and true to the of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	Declara	ation													
of my knowledge and belief and that discrepancy / false information, if detected at any time before after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:															
after the interview / selection, I shall be bound to face action as per the decision of the employer. Place:	I he	reby de	eclare that he and h	at the informa	ation giv	en by me i	in this a _l se inforn	oplicati nation	ion form	is col	mplet at a	e and	true i	to the	
	of my kn													20.0.0	
			ew / sele	ection, I shall	be boui	nd to race a	action as	s per u	ie decis	ion or	tne e	inploy	ei.		
Signa	after the		ew / sele	ection, I shall	be boui	nd to race a	action as	s per u	ie decis	1011 01	tne e	трюу	ei.		



