Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu
KRISHI VIGYAN KENDRA, JAMMU

Affix recent self-attested photograph

Application form

15 days Certifictae course on INM for Input Dealers

1. **Name of the candidate (IN CAPITAL LETTERS)**

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**

9. **Academic qualification:**

Examination	University / Board / Institute	Class / Division	OGPA / Percentage	Year of Passing	Subjects

10. **Detail of DD (No. & date):** _____

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 best of my knowledge and belief and that discrepancy / false information, if detected at any time before or after the interview / selection, I shall be bound to face action as per the decision of the employer.

Place:

Date:

Signature

SKUAST Jammu

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