

APPLICATION FOR THE POST OF _____ under
Centrally Sponsored Scheme "Support to State Extension Programme for Extension Reforms
(ATMA Scheme)

1. Name of the Applicant _____

2. Parentage _____

3. Permanent Address _____

4. Contact No. Mobile No. _____

Landline with STD Code _____

Email ID _____

5. District of Domicile as per the state subject _____

6. Educational Qualification

Examination Passed	Year of Passing	Name of Board / University	Percentage of Marks / Grade	Subjects

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Size
Photograph**

1. Work Experience

Name of Organization	Post Held	Period		Grade	Nature of Job
		From	To		

Certified that the information given above is correct to the best of my knowledge and belief and I shall be personally responsible for consequences for the false statement if observed at any point of time.

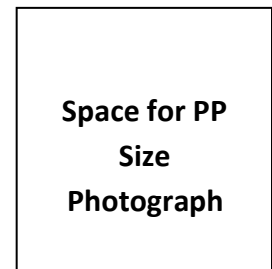
Place _____

Date : _____

Signature of the Applicant

APPLICATION FOR THE POST OF _____ UNDER
"SUB MISSION ON AGRICULTURE EXTENSION"

Name :
Parentage :
Permanent Address :



Email / Contact No. :
Date of Birth as per
Matriculation Certificate :

District of Domicile as :
per the state subject

1. Educational Qualification

Qualification	Year of Passing	Name of Board / University	Marks Obtained/ Total Marks	%age of Marks
Matriculation				
10+2				
Graduation Degree				
Post Graduation				
Other				

Work Experience

Name of Organization	Post Held	Period		Grade	Nature of Job
		From	To		

Documents to be attached with application form :

1. Permanent Resident Certificate
2. Date of Birth Certificate as per the matriculation certificate issued by the recognized State/Centre Board.
3. 10+2 Qualifying certificate.
4. Graduation Degree / Certificate
5. Post Graduation Degree / Certificate.
6. Experience.

Declaration

I _____ solemnly declare that the above information furnished by me are correct to the best of my knowledge and belief. If any stage information submitted by me found false or incorrect my candidature may be rejected / cancelled.

Place _____

Date : _____

Signature of the Applicant