

**Regional Agricultural Research Station (Central Zone), Pattambi**  
**Kerala Agricultural University**

(Please carefully read the notification before filling up the application. അപേക്ഷാ ഫോറം പൂരിപ്പിക്കുന്നതിന് മുമ്പ് വിജ്ഞാപനം ശ്രദ്ധയോടെ വായിക്കേണ്ടതാണ്)

|    |   |  |
|----|---|--|
| 1. | Code                                      |  |
| 2. | Name (In block letters)                   |  |
| 3. | Sex                                       |  |
| 4. | Date of birth                             |  |
| 5. | Parent/Guardian's name                    |  |
| 6. | Religion & caste (reservation group)      |  |
| 7. | Address for communication                 |  |
|    | House name or number                      |  |
|    | Street/locality                           |  |
|    | Post                                      |  |
|    | District                                  |  |
|    | PIN Code                                  |  |
|    | State                                     |  |
|    | Land Phone No. (With STD code) & Mob. No. |  |
| 9. | Email ID                                  |  |

|         |                                |         |                          |             |                |                 |
|---------|--------------------------------|---------|--------------------------|-------------|----------------|-----------------|
| 10.     | Details of basic qualification |         |                          |             |                |                 |
| Sl. No. | Exam Passed                    | Subject | Name of Board/University | Total Marks | Marks Obtained | Year of Passing |
| 1.      |                                |         |                          |             |                |                 |
| 2.      |                                |         |                          |             |                |                 |

|         |            |             |      |    |              |
|---------|------------|-------------|------|----|--------------|
| 11.     | Experience |             |      |    |              |
| Sl. No. | Post Held  | Institution | From | To | Total Period |
|         |            |             |      |    |              |
|         |            |             |      |    |              |
|         |            |             |      |    |              |

**UNDERTAKING**

I hereby undertake to state that the details furnished above are true and correct to the best of my knowledge and belief. I will be personally responsible for any discrepancies therein.

Place:

Date:

Signature