

Daffodil College of Horticulture::Daffodil Multipurpose Educational Trust
APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR

Please affix
your latest
passport size
self attested
photograph

Particulars of payment made: Challan copy enclosed for Rs.....

1	Name in full (in Block letters)	
	Sex (Male/ Female)	
	Father's Name	
	Date of birth (DD-MM-year)	
	Age as on 01.01.2020 (Enclose age proof certificate, enclosure no. ____)	
6	Permanent Address	Vill..... P/O.....P/S..... Pin.....Dist..... State.....
7	Full postal address for communication:	Mobile No. _____ Tel. No. (LL) _____ City/Town _____ Area/STD code _____ E-Mail ID _____
8	Are you a citizen of India? by birth/ domicile (Attach PRC, Enclosure no. _____)	
9	Do you belong to SC/ST/OBC/PH (If yes, enclose certificate, Enclosure no. _____)	
10	Have you been employed by any organization ? If so in what position and for how long. (Please enclose employers certificate, Enclosure no. _____)	
11	Have you ever been convicted by a court of law for any offence ? If so, details thereof	
12	Have you ever been punished or debarred from service by any organization? If so details thereof.	
13	Whether any disciplinary case pending against you? If any penalty has been imposed on you.	

14. Academic qualification, beginning with 10th. Standard Examination (*please attach self-attested copies of Pass Certificates and Mark-sheets/ Grade Cards*):

Sl. No.	Examination Passed	Year of passing	% of marks/ Division/ Class/CGPA	School/ College	Board/ University	Subjects taken

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15. Languages known

Language	Proficiency attained*	Examination passed, if any

* State whether you can speak, read or write.

16. Present occupation with designation if any:

17. Previous appointment/work experience in chronological sequence starting with the first appointment (Enclose employer's certificate(s), Enclosure no.(s) _____ :

Sl No	Post held	Employer/ Organization	Last pay drawn with pay scale	Date of joining	Date of leaving	Period (Till the last date of receiving application)			Nature of duties in brief
						Years	Months	Days	

18. Total service experience (Till the last date of receiving application):

_____ Years _____ Months _____ Days:

19. Brief particulars of significant contributions made in the field of work (Teaching/ Research/Extension) and to be produced before the selection committee, if called for interview).

20. Attach two testimonials from persons not related to you who know about your work and conduct (one should preferably be from the present or last employer, as the case may be).

i) (Enclosure no. _____).

ii) (Enclosure no. _____).

21. Details of enclosures

Enclosure No. Details

I, do hereby declare that the information given by me in this application is correct to the best of my knowl

edge and belief. In case of any false statement, I shall be liable to such action as the DMET Authority may deem fit.

Date:

Signature of Applicant

Place: _____

Note :

1. The application form must be accompanied by the Receipt/challan against the payment of fee.
2. Send applications along with self attested copies of all relevant testimonials and certificates *etc.*
3. Incomplete applications or the applications received after the due date shall not be considered in any case.