

UNIVERSITY

(A Central University Established by an Act of Parliament 1989)

CAMPUS: MEDZIPHEMA DEPARTMENT OF PLANT PATHOLOGY School of Agricultural Sciences

Medziphema – 797 106, Nagaland

Affix your latest self-attested color photo

Application format for the position of Young Professional-II

a)	Full Name	First Name		Middle Name		Surname		
<i>a</i>	1 un ivanic	riist Name		Middle Haine		Surname		
	(In Block							
	letters)							
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b)	Date of Birth	Day	Month	Years	Age as on the date of	of Day	Month	Years
					interview			
c)	Father's Name							
d)	Mother's Name							
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e)	Nationality							
f)	Gender							
g)	Religion							
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h)	Community/ca	SC/ST/0	BC/General					
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i)	Physically							
1)	Challenged/Ex-							
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	candidates as							
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	India Rules)							
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	If Physically	If appli	cable, than	Per	centage of Disability	Sl. No. o	Proof encl	osed
l.,	disabled	write 'Ye	es' else write					
k)	indicate the		'No'					

Sl. No		Position held	Employ	er Period (fro	om) [Period	(to)	Total
	Details of	working/profes			1		,	
	lave you lified NET?	Yes/No						
Ph D								
Master's Degree								
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	2 th Class/ quivalent							
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Exam/ Degree		Board/ University	Month & Year of Passing	Marks (Obtained maximum)	Div	ision	OGPA/ CGPA	Sl. No. of proof enclosed
	Education	al Qualification [attach one s	set of self-attested (copies	s of certif	ficate(s)]	
	PIN Code							
n)	Present Address wit	-h						
	Email ID Mobile No.							
	F : 1 ID							
	Address wit PIN Code	:h						
	Permanent							

relevant

Published (No.)	ISBN/ ISSN No.	Accepted for publication (No.)	Sl. No. of proof enclosed
	Published (No.)	, , ,	

Other Publications				
(Specify)				
3. No Objection certi	ificate from present	t employer, if ap	plicable?	
4. Write a brief note present project.	not exceeding 100	words justifying	g how you can contrib	ute to the
	DE	CLARATION		
I do hereby declare that all of my knowledge and belief incorrect/ incomplete or in candidature/ appointment	. I understand and ag neligibility being dete	gree that in the evected at any time	ent of any information le before or after intervi	peing found false/ lew/selection, my
	Sign	ature:		

Full name of the Candidate:

Date: Place: