

ICAR Krishi Vigyan Kendra Kannur
Kanhirangad (PO), Taliparamba
Kannur-670142, Phone : 0460 2226087

APPLICATION

1	Name in block letters				
2	Country				
3	Sex		Male / Female		
4	Whether married or not		Yes / No		
5	Date of birth				
6	Parent/ Guardian's Name				
7	Religion & Caste				
8	Whether employed now		Yes / No		
9	Address for communication				
	House name/ Number				
	Street/ Locality				
	Post				
	District				
	Pincode				
	State				
10	Mobile Number				
11	Email id				
12	Details of qualification (SSLC onwards)				
	Examination passed	Name of board/ University & Year	Mark / Total	%	
	Whether NET qualified				
13	Experience				
	Post Held	Institution	Duration	Pay Scale	Total period
14	Research Publications				
	Title	Year	Name of Journal	Authors	

15	Other Publications / Qualifications / Courses undergone / Training Programmes undergone.

DECLARATION

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Place :

Date :

Name & Signature of Candidate

NB :- The Last date of receipt of this application is 28-11-2017. You can e-mail the filled in application to kvkannur@kau.in. Signed hard copy to be brought at the time of interview. Date of interview will be informed by e-mail / mobile.