Application of Assi	stant Professor (Coi	ntract) in		Departm	nent
1	KERALA AGRIC KRISHI VIGYA				
	PERSON	AL DATA SH	<u>IEET</u>		
1. Name in full	:				
2. Date of Birth	;				
3. Religion & Com	munity :				
4. Contact Telepho	ne No./E-mail :				
5. Address (for con	nmunication) :				
6. Educational Qua	lifications (Photocop	y to be attache	d)		
Qualification	Name of University/Board with particulars	Reg.No./ Roll No.	Subject	Marks obtained	Max. Marks
S.S.L.C.					
Degree					
P.G.(M.Sc./M.Tech/ /M.Sc.(Ag.)/M.PE NET					
M.Phil.		1.			
Ph.D.					
7. Experience: a. Teach	ning experience		I	1. 1.	
Post held	From	To	Duration (Yes	ar, months)	

Post held	From	То	Duration (Year, months)

b. Research experience

Post held	From	То	Duration (Year, months)

8. Lis	st of	pub	lica	tions	:
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a.

b.

UNDERTAKING

I hereby 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: Signature