

**Application Form for the post of Research Associate (Documentation)
and Research Associate (Agril. Extension) on contract basis**



**NATIONAL INSTITUTE OF AGRICULTURAL EXTENSION
MANAGEMENT (MANAGE)**

(An Organization of the Ministry of Agriculture, Govt. of India)
Rajendranagar, Hyderabad – 500 030
Tel: 040-24016702-06/8/9 Fax: 040-24015388

Notification No. MNG-01/Admn-355/2019,
dated 1st September, 2020

Registration Number
(For Office use only)

Paste your recent
passport size
photograph here

(1)	Name of the post applied for				
Personal details :					SI.No. of proof enclosed
(2)	Candidate's full name (including Surname / Family name) (in Capital Letters)				
(3)	Date of birth	<u>Day</u>	<u>Month</u>	<u>Year</u>	Age as on 30-09-2020: dd/mm/yy
(4)	Father's name				
(5)	Nationality				
(6)	Gender (Male / Female)				
(7)	Community (SC/ ST/OBC/PWD/EWS/General)				
(8)	If the Applicant is physically disabled person, the relevant particulars may please be mentioned :		If applicable, write "yes"	Percentage of disability	si.No. of proof enclosed
	(a) Blindness or low vision :				
	(b) Hearing impairment				
	(c) Locomotor disability or cerebral palsy (Includes all cases o/Orthopedically handicapped				

(9). Educational Qualifications (the applicants may attach separate sheet if required)

	Name of the Course passed / Main subject	Name of the Board / University	Month & Year passed	Class	% of Marks	CGPA (if grading is applicable]	Subjects studied	Sl.No. of proof enclosed
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
SSC / 10 th Class or Equivalent								
Intermediate / equivalent								
Bachelor's degree								
Master's degree								
If any..								

10. Experience (Including present position/employment)

Designation & scale of pay	University / Institution	Period of Experience			Basic Pay (Rs.)	Pay Scale (Rs.)	Gross Pay / Total Salary p.m.(Rs.)	Nature of work/ duties being performed	Sl.No. of proof enclosed
		From date	To date	No.of years/					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)

11) Names & complete postal addresses of 2 referees :	
Referee-1	Referee-2
Email:	Email:
Phone with STD Code:	Phone <i>with</i> STD code:
Mobile Ph:	Mobile Ph:

12) Candidate's Name & Address for correspondence :		
	Mailing address	Permanent address
Name		
Address with PIN CODE		
Email:		
Phone N o. (with STD code)		
Mobile No.		

(14) Declaration

I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.

Date : _____

Signature of the applicant