



JSS Mahavidyapeetha
Dr. Sri. Shivarathri Rajendra Circle, Mysore 570 004



**ICAR JSS Krishi Vigyan Kendra, Suttur
Nanjangud Taluk, Mysore District**

Affix passport
size photo

Post applied for : _____

1 Name of the candidate

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

2 Gender : Male Female (Please tick ✓)

3 Date of Birth :

D	D	M	M	Y	Y	Y	Y
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4 Age : Years

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 (Please tick ✓)

5 Present address

Email

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6 Permanent address :

7 Contact Number

Mobile No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residence No. :

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8 Name of father & occupation : _____

9 Nationality : _____

10 Caste : _____

11 Mother tongue : _____

- 12 Category : _____
- 13 Physically challenged : No Yes (Please tick ✓) (If Yes %)
- 14 Marital status : Married Unmarried (Please tick ✓)
- 15 Qualification

Examination passed	Year of completion	Name of the Institute	Subjects/ Stream	Class	Grade / %

- 16 Previous experience, if any

Institution Name & address	Period Worked		Function	Reason for leaving
	From	To		

- 17 Details of application fee paid

Demand draft No. _____ Date _____ Rs _____ Name of the Bank _____

- 18 Other particulars, if any

- 19 I hereby agree to the general instructions indicated in the advertisement issued by JSS Mahavidyapeetha, Mysore which appeared in EN and local daily and I shall abide by them.

I certify that the information furnished above is true to the best of my knowledge and I am aware that my candidature stands cancelled in case of any errors or wrong information furnished by me.

Place:

Date:

Signature of the Applicant