



Sher-e-Kashmir
University of Agricultural Sciences & Technology – Jammu
Krishi Vigyan Kendra-Poonch,
Qazi Morah, Poonch-185101, J&K
Tele/fax: 01965-221796, E-mail: kvkpoonch@gmail.com

Advertisement for Certificate course on INM for Input dealers

Applications in prescribed format are invited from interested and desirable candidates of Poonch district for undergoing 15 days certificate course on ‘Integrated Nutrient Management for Input dealers’ at Krishi Vigyan Kendra (KVK) Poonch. The duly filled-in application form along with documents & fee receipt should reach the office of **KVK Poonch, Qazi Mohra**, by or before **2nd February, 2024** upto 5:30 pm at the following address.

| | | | |
|--|--------------------------------|--------------------------------------|-------------------------------|
| Senior Scientist & Head | Krishi Vigyan Kendra Poonch | Qazi Mohra, Poonch– 185 101 (J&K) | Email: kvkpoonch@gmail.com |
|--|--------------------------------|--------------------------------------|-------------------------------|

The terms and conditions for the said certificate course are given hereunder

- **Qualification: 10th pass**
- **Fee: ₹ 10,000/- in the form of Demand Draft.**
- Age: not less than 18 years
- The course will include both theory and practical classes.

The fee in the form of Demand Draft of ₹ 10,000/- may be submitted in the name of **Programme Coordinator KVK Poonch (Revolving Fund)** along with duly filled in application form.

Sd/-
Sr. Scientist & Head

No. AUJ/KVK-P/F-09/23-24/604

Dated: 24.01.2024





**Sher-e-Kashmir
University of Agricultural Sciences & Technology – Jammu**

APPLICATION FORM

1. Name of the candidate (IN CAPITAL LETTERS)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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2. Parentage (IN CAPITAL LETTERS)

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3. Sex _____

4. Date of Birth (as per records)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | E | A | R |
| | | | | | | | |

5. Marital status _____

6. Age as on 01-01-2024

| | | |
|------|--------|------|
| YEAR | MONTHS | DAYS |
| | | |

7. Tick mark the appropriate Category

| | | | |
|---------|----|-----|--------|
| General | ST | OBC | Others |
| | | | |

8. Permanent Address

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9. Correspondence address

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10. Academic/professional qualification: (Matric onwards)

| Examination | University / Board / Institute | Class / Division | OGPA / Percentage | Year of Passing | Subjects |
|-------------|--------------------------------|------------------|-------------------|-----------------|----------|
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11. Detail of DD (NO. & DATE) _____

12. Contact details:

Mobile: _____ Email: _____

Declaration

I hereby declare that the information given by me in this application form is complete and true to the best of my knowledge and belief and any discrepancy/false information if detected at any time before or after the certificate course, I shall be bound to face the action as per the decision of the employer.

Place:

Date:

Affix recent self-attested Photograph

