ANNEXURE - I

APPLICATION FOR THE POST OF TEACHING ASSISTANT AT COLLEGE OF AVIAN SCIENCES AND MANAGEMENT, THIRUVAZHAMKUNNU, PALAKKAD

(Attach a set of self-attested copies of certificates/testimonials to this application)

Affix recent passport size photo

SUBJECT:

- 1. Name of the candidate
- 2. Date of Birth :
- 3. Age (as on the date of interview) :
- 4. Highest Qualification :
- 5. Gender
- 6. Category :
- 7. Name of parent/spouse
- 8. Address for correspondence : (with Mobile Number, E-mail)
- 9. Educational Qualification:

Qualifications	Marks (in %)	School/ College	Board/University
Secondary		16543	treation the section
Higher Secondary	a de la company	en page de l'in carrier	a Caronina Angel
Bachelors		(388)6 28189 2	September 1
Masters			
Doctoral			
NET			
Any other (pls speci	fy)		- A 1/2
	*	*	
			e video sasto vare

10. Previous experience in relevant fields (if any):

Name of Institution	Period of appointment		Duration of	Nature of duty
	From	То	experience (in months)	
			PRINCIPLE OF	
				PW ID NOONE

11. No. of Research Abstracts published*

Abstracts	Oral	Poster
International		
National		AND THE RESIDENCE OF THE PARTY

- 12. No. of Research Articles published
 - a. International
 - b. National
- 13. No. of Book Chapters/ Proceedings/ Compendia
- 14. No. of Popular articles
- 15. No. of papers presented in Seminars/Conferences
- 16. No. of Seminars/Symposia/Workshops attended
- 17. No. of Awards/ Fellowships/ Honours received
- 18. No. of events organized
- 19. No. of trainings attended

Name the training	554	Duration of the training	Organizing/Funding/Sponsoring agency	UGC Approved or Not (Yes/No)
				2DIESM.
		•		

20. Any other relevant achievement (specify)

Note:

- 1. *Specify no.s for sl.no.s 11-19
- 2. Enclose self-attested photocopies of all credentials mentioned above.
- 3. Arrange the documents in the order listed above.

List of Enclosures:

1.

2.

3.

4.

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DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected.

Place:	
Date:	Signature
(For office was only)	
(For office use only)	
No.	
Certified that all the above credentials of	(Name)
enclosed herewith has been verified with the originals ar	nd is found correct. He/She is found
eligible for the post of teaching assistant in	(Subject) and hence
recommended to the interview board.	
Remarks (if any):	
Plant of Paragon C. Organização authoris	
Signature (with Name and Designation):	