***ANNEXURE I***

**APPLICATION FOR THE POST OF PART TIME STUDENTS’ COUNSELLOR [CONTRACT]**

**AT THE COLLEGE OF AGRICULTURE, K A U, AMBALAVAYAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | |
|  | Name [in block letters] | : |  | |
|  | Age & Date of birth | : |  | |
|  | Caste & Religion | : |  | |
|  | Mobile No & Phone No | : |  | |
|  | Email address | : |  | |
|  | Address with PIN Code |  |  | |
| Permanent [in block letters] | | | | Communication [in block letters] |
|  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Educational Qualifications [please attach self-attested copies of certificates] | | | | | | | |
| Qualification | | Name of University/Board | | Specialization | | Year of Completion | | Percentage of Marks/OGPA |
| UG | |  | |  | |  | |  |
| PG | |  | |  | |  | |  |
| NET | |  | |  | |  | |  |
| Ph D | |  | |  | |  | |  |
|  | Details of University Rank, if any, at UG/ PG level [please attach self-attested copies] | | | | | | | |
| Programme | | | University | | Year of Completion | | Rank | |
|  | | |  | |  | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Experience [in the field of Counselling only; please attach self-attested copies] | | | | | | | | |
| Post held | | | | Institution | | From | | To | Duration  [in Months] |
|  | | | |  | |  | |  |  |
|  | | | |  | |  | |  |  |
|  | | | |  | |  | |  |  |
|  | | List of publications in peer reviewed journals [please attach self attested copies] | | | | | | | |
| Sl.No. | | Title of Publication | | | Year of Publication | | Name of Journal/Publisher | | Author/s |
|  | |  | | |  | |  | |  |
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|  | |  | | |  | |  | |  |
|  | |  | | |  | |  | |  |
|  | | List of other publications [please attach self attested copies] | | | | | | | |
| Sl No | | | Title of Publication | | Year of Publication | | Name of Journal/Publisher | | Author/s |
|  | | |  | |  | |  | |  |
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|  | | Any other relevant information | | | | | | | |
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UNDERTAKING

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I will be personally held responsible for the discrepancies, if any, detected later.

Place:

Date: Signature

Name

Note:

1. The candidates may use additional sheets, if necessary
2. Please send a Word/PDF of this document to the email id: dean.coaamb@kau.in
3. Furnish this document along with the certificates in original during the walk in interview. Self attested copies of the certificates/relevant documents may also be furnished during the walk in interview