## National Horticulture Board

Annexure-I

\_\_\_\_\_

(Candidates are requested to download the Application Form and fill in the information in his/her own handwriting in the space provided using blue ink only)

Application for the post of \_\_\_\_\_

## **APPLICATION FORM**

Name in Block L	etters							Are you Govt. / Govt./ I Employ (Y/N)	Semi PSU	
Father's / Husban Block letters)	id's Name (in									<b></b>
Address (For Communication alongwith postal Pin Code (in capital letter)								Latest self attested Photograph		
Address (Permane postal Pin Code ( letter)										
Contact Mobile No			Contact	E-mail ID	)					
Age as on 24.08.2021	Yrs. Month		Date of (dd/mm)		DD	MM	YY	Gender Female		
Category: SC/ST/OBC/U R /Ex- Serviceman (attach self attested certificate if applicable)		Person with Disability (Yes/No), if yes, Disability type (attach self attested certificate if applicable)			Nationality			L		
Examination (strikeout whichever is not applicable)	Year	Cla Div	ss/ vision	Percent age/ CGPA	Board	l/ Univer	sity S	ubject/ Re	emarks	
Matriculation or equivalent XII Std. or										. <u></u>
equivalent Graduate in				-	-					
Diploma/ Degree in										
Post Graduate in										
Any other										

- 3-

Work Exper	ience						<u> </u>	
Name and full address of the office	Post held/ Designation	Whether permanent/ temporary/ contractual		Pe	riod	Natur e of work	Scale of pay/ total pay inclusive of all allowance	Reason for leaving the post
			From	То	Length of service DD/MM/ YY		~	
convicted by Commission rusticated by pending agai	a Court of la from appearing any Univers	w of any offe ng at its Examity or any of y Court of la	ence or d m/ Selec ther Edu w, Unive	lebarre tions c cationa ersity c	er detention, o d/disqualified l or debarred fro authority/Ins or any other E	by any Pu om taking stitution?	blic Service any Exam/ If any case	

The candidates working in Central Govt./State Govt./Autonomous Organization(s) may sent their application alongwith self attested documents through proper channel. However, advance copy may be send directly.

## **UNDERTAKING**

I give the undertaking that I have read all the information and instructions given in Advertisement and on the website i.e. <u>www.nhb.gov.in</u> and the above information given by me is correct to the best of my knowledge. I understand that my application can be rejected if, (i) the information is not correct or (ii) all the required certificates and documents are not attached or are found false/incorrect at any stage, or (iii) application is incomplete and (iv) the application is received after the due date.

Date:..../..../2021

Place: .....

List of self attested documents attached:-

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Signature of Candidate

## To be filled by the Cadre Controlling Authority

Annexure-II

Office of	••••
F. No	••••

Dated .....

1. The applicant, if selected, will be relieved immediately.

- 2. Certified that the particulars furnished by the officer have been checked from available records and found correct.
- 3. Certified that the applicant is eligible for the post applied as per conditions mentioned in circular/advertisement.
- 4. The candidate is clear from Vigilance angle and his integrity is certified as 'Beyond Doubt".
- 5. Photocopies of ACRs/APARs for the last five years duly attested on each page by an officer not below the rank of Under Secretary or equivalent are enclosed.
- 6. Certified that the service particulars given by the applicant have been verified from his/her service records and found to be correct.

-5-

Signature with seal of the Competent/ Issuing Authority

Date:

Place: