A NON PROFITABLE ORGANIZATION

ANJVEDA VIKAS SANSTHAN

Regt. No - 1988 / Indian Trust Act 1882, Govt. of NCT Delhi, Govt. of India
Registration under section - 12 (A) / 80 (G) INCOME TAX Act. 1961/
Niti Aayog, Ministry of Corporate Affairs (CSR), NCT Govt. of Delhi, Govt. of India

कृषि एवं किसान कल्याण प्रभाग
Agriculture & Farmers Welfare Division

REGISTRATION CUM APPLICATION FORM OFFLINE FOR AGRICULTURE & FARMERS WELFARE DIVISION

Form No: ……
Date: …….

Kindly paste your recent passport size photograph

For Office Use Only

File No: ……

State Code: ……

Checking Officer Name: ……..

Candidate's Signature

For the post of:- (I) State Project Manager ☐ (II) Deputy State Project Manager ☐

(III) Zonal Head ☐ (IV) District Project Controller Officer ☐

(V) Block Supervisor ☐ (IV) Farmer Welfare Officer ☐

Full Name (In Block Letters) _____ **First Name** _____ **Middle Name** _____ **Surname**

(To be filled by H.R. Department Only)

Source of Application: (Databank / Advt. / Ref.)_____

Interview for the post of: _____

Division:_____ Department:_____

Location: (HO / ZO / DO / Field)_____

Special Note

Please ensure that your completed job application form, along with all required documents, is sent to the following address: **Anjveda Vikas Sansthan**, SCO 73, Near Greenfield Public School Kurukshetra (HR) – 136118 or you can send via e-mail: anjvedavikassansthan@gmail.com

PERSONAL DETAILS

1. **Full Name:** _____
2. **Father/Husband's Name:** _____
3. **Date of Birth:** ☐☐ ☐☐ ☐☐☐☐
   (DD) (MM) (YEAR)
4. **Gender: MALE** ☐ **FEMALE** ☐ **Other** ☐
5. **Marital Status: Single** ☐ **Married** ☐ **Divorced** ☐ **Widow** ☐
6. **Permanent Address:** _____
   _____
   _____
7. **Present Address (if Different from Permanent Address):** _____
   _____
   _____
8. **Phone No:** _____
9. **E-mail ID:** _____
10. **Qualifications:**

Course/Class	Passing Year	Location	Marks/Percentage

11. **Aadhar card No:** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
12. **Emergency Contact:**

Name	Relationship	Mobile No.

13. **Self Declaration:** I, hereby declare that the information provided in this application and the documents submitted are true, complete, and correct to the best of my knowledge and belief. I understand that any false statement or omission may lead to disqualification or termination of employment.

Place: ……
Date: …… ***Candidate's Signature***