ODISHA UNIVERSITY OF AGRICULTURE & TECHNOLOGY

Bhubaneswar - 751 003, Odisha

2025

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APPLICATION FORM FOR THE POST OF _____

Affix signed passport size recent colour photographs

Advertisement No..... date.....

Application for the post of .....

Discipline & Subject: .....

DETAILS OF FEE PAYMENT

1. Name of the Bank & Branch .....
2. Amount (Rs.) ..... (Rupees. .....) only
   (attached original counter foil of required amount duly signed by the candidate in support of evidence)

BIO-DATA

(1) Full Name of the candidate (in block capital) : .....

(2) Father's / Husband's Name : .....

(3) Address for communication

.....

.....

.....

Pin-

Mobile : .....

Alternate Mobile : .....

E-Mail ID : .....

(4) Permanent address

.....

.....

.....

Pin-

Mobile : .....

Alternate Mobile : .....

E-Mail ID : .....

(Any change of address should be reported in writing at once to the Registrar, OUAT, Bhubaneswar)

(5) Date of birth (As recorded in the ICSE/ CBSE/BSE High School Certificate) : .....

(6) Birth Place : ..... Home State: . .....

(7) Nationality : .....

(8) Sex :(Male / Female/Transgender) ..... **(9)** Mother tongue : .....

(10) Marital Status : Single ..... Married ..... Widow (er) .....
(If Married whether he has got two wives)

(11) Whether belongs to ST ..... SC ..... SEBC..... U.R.....PWD.....
(Attached authenticate Caste Certificate/PWD certificate from the competent authority)

(12) Language Known

Language Proficiency	Speak	Read	Write

(13) Any medical disability (pl. Specify) : .....
(Attach certificate from competent authority)

(14) Educational qualification :

	Name of the Examination	Name of Board/ University	Division/ percent/ Final grade/	Field of specialization	Year of joining	Year of passing
(i)	H.S.C.					
(ii)	+2 Science/ I.Sc.					
(iii)	Bachelor Degree					
(iv)	Master Degree					
(v)	Ph.D. degree					
(vi)	N.E.T.					
(vii)						

Self attested photo copies of certificates & transcripts must be attached in support of evidence for consideration of candidature.

(15) Research publications :
(Attach list of Publications and published articles)

	Particulars		No. of Articles
(a)	Research paper with NAAS rating > 8	:	
(b)	Research paper with NAAS rating 6-8	:	
(c)	Research paper with NAAS rating 4-6	:	

Note: Candidate is advised to mention his/ her, the best one research paper with NAAS rating from among the list of publications.

(16) Awards

	Particulars	Name of the Award	Year in which received	Name of the organization
(i)	International level			
(ii)	National level			
(iii)	State level			

(17) Seminar / Symposium / Workshop / Summer/ Winter School attended
(Attach certificate /documents)

	Particulars	Topic	Duration (days)
(a)	Seminar		
(b)	Symposium		
(c)	Workshop		
(d)	Summer School		
(e)	Winter School		

(18) Associated in Research Projects.

Sl. No	Name of the Institution	Name of the project	P.I./ Co-P.I.	Duration	Funding agency	Budget outlay	Completed/ on-going

Note: If more space is required, please give details in separate sheet giving number

(19) Membership in professional bodies

Sl. No.	Name of the professional body and address	Involvement as : (Fellow/Life Member/Member/Executive Committee Member)	Period

(20) Employment Record (Attach the certificate/ orders, if any)

Post held	Date of joining	Date of leaving	Salary drawn (Basic Pay)	Employer's name and address	Reason for leaving service

(21) Foreign Country visited (if any)

Name of the Country	Period of visit		Purpose of Visit (Give complete details)
	From	To	

(22) Extra Curricular Activities (Give details)

(a) Distinctions gained in school or college games and sports. :

(b) Present recreation, hobbies and other interest (e.g. in the fine arts or in organizing social and public welfare) :

(23) Name, address and profession of two (02) referees who should be responsible persons not related to the candidate or connected with his/ her school or college but well acquainted with his/her private life.

Name of the referees	Full Address and telephone number	Period, he has known the candidate
(1)		
(2)		

(24) Whether, you have punished/ dismissed or convicted by any institution/ Govt./ Court, if yes please give details on separate sheet : Yes ..... No .....

(25) If appointment is offered, when can the candidate join the post :

(26) Details of enclosures : :

(1) **(7)**

(2) **(8)**

(3) **(9)**

(4) **(10)**

(5) **(11)**

(6) **(12)**

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief

Place : **Full signature of the applicant**

Date:

FOR USE OF IN-SERVICE APPLICANT

(Certificate to be given by the Head of Institution / Office or Employer)

Certified that Dr. / Shri./ Smt. / Kumari. .....

Is working as .... in this Department/ Office / Institute / Organization. I have no objection to his / her application being considered for this post. He /She will be relieved as per rules, if he/she is selected for the said post. The information furnished in the application are verified.

Signature: ....

No. .....

Designation: .....

Dated. ..... .

Office Stamp: ..... .