

CENTRE FOR ONE HEALTH
GURU ANGAD DEV VETERINARY & ANIMAL SCIENCES UNIVERSITY, LUDHIANA

Application Format

Post Applied for : Project Associate-I

Name (in Capital) : _____

Father's Name : _____

Corresponding Address: _____

Mobile No. : _____ E. mail _____

Date of Birth : _____ Age: _____ years as on date of application

Category : Gen/OBC/SC/ST/PH _____ Marital Status: _____ Gender: Male ☐ Female ☐

Highest Qualification : M.Sc. Agri. Sc./M.V.Sc./B.Tech _____

Title of Thesis, if any : _____

Ph.D. _____

Punjabi Passed upto Matric: Yes ☐ No ☐

Affix the latest
passport size
Photo

Educational Qualifications (Please attach self-attested copies)

Qualifications	Subjects/ Specialization	Institution/Board/ University	Marks Obtained/ Maximum Marks	Percentage

Detail of Experience:

Sr. No.	Name of organization	Name of Post	Nature of Duties	Salary	Period	Experience (in years and months)

No. of Award/Gold Medal/Fellowship: _____ Total Publications (list to be attached) : _____

Check List: ☐ 10th ☐ 12th ☐ Graduation ☐ Masters ☐ Ph.D ☐ Experience ☐ Publications ☐ Awards/ Gold/ Medal/ Fellowship

I hereby declare that all the information furnished by me is true to the best of my knowledge.

Dated:

Place:

Signature of Applicant

Note: - Kindly attach all the relevant documents. Incomplete applications will be rejected.