

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

Application Format

Post Applied for : **Project Associate-II**

Name (in Capital) : _____

Father's Name : _____

Corresponding Address: _____



Mobile No. : _____ **E. mail** _____

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

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

Highest Qualification : _____

Title of Thesis, if any : _____

Ph.D. _____

Punjabi Passed upto Matric: Yes No

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.