

**Department of Agrarian Development**  
**Ministry of Agriculture**  
**Establish Project Management Unit under Village Tank Cascade Development Project**  
**in the Department of Agrarian Development - 2018**  
**Application Form**

**(1) General Information:**

- 1.1 Full Name :  
1.2 Address :  
1.3 Sex : Male  Female   
1.4 Marriage Status : Married  Bachelor   
1.5 Date of Birth :  
1.6 Age up to 01.10.2018 : Year: ..... Month: .....  
Days: .....  
1.7 National ID Number :  
1.8 Telephone No. :

**(2) Educational Qualifications:**

**2.1 ( G.C.E. O/L)**

| <u>Year</u> | <u>Subject</u> | <u>Grade</u> |
|-------------|----------------|--------------|
| I.          |                |              |
| II.         |                |              |
| III.        |                |              |
| IV.         |                |              |
| V.          |                |              |
| VI.         |                |              |
| VII.        |                |              |
| VIII.       |                |              |
| IX.         |                |              |
| X.          |                |              |

2.2 (G.C.E. A/L)

| <u>Year</u> | <u>Subject</u> | <u>Grade</u> |
|-------------|----------------|--------------|
|-------------|----------------|--------------|

I.

II.

III.

IV.

(3) **Higher Educational /Post Graduate Qualification:**

| <u>Year</u> | <u>University/Institute</u> | <u>Degree</u> | <u>Grade</u> |
|-------------|-----------------------------|---------------|--------------|
|-------------|-----------------------------|---------------|--------------|

I.

II.

III.

(4) **Professional Qualifications:**

| <u>Year</u> | <u>Institution<br/>University<br/>awarded</u> | <u>Professional<br/>Status</u> |
|-------------|---|--------------------------------|
|-------------|---|--------------------------------|

I.

II.

III.

(5) **Other Courses followed :**

| <u>Name of<br/>Courses</u> | <u>Duration</u> | <u>Year</u> | <u>Institute</u> |
|----------------------------|-----------------|-------------|------------------|
|----------------------------|-----------------|-------------|------------------|

Days

I.

II.

III.

IV.

(6) **Practical Experience:**

| <u>Duration</u> | <u>Institution/Department</u> | <u>Name of Post</u> |
|-----------------|-------------------------------|---------------------|
| From - To       |                               |                     |
| I. -            |                               |                     |
| II. -           |                               |                     |
| III. -          |                               |                     |

(7) **Contribution for achievement or Product:**

| <u>Year</u> | <u>achievement / Product</u> |
|-------------|------------------------------|
| I.          |                              |
| II.         |                              |
| III.        |                              |

(8) **Special Qualifications if any:**

- I.
- II.
- III.

**State two non relative Referees:**

(1) Name :

Position:

Address:

Contact No.

(2) Name :

Position:

Address:

Contact No.

I hereby declare that the above given details are true and correct. I also accept that if the above details reveal unreliable, as a result either this application will be rejected or my job will be discontinued.

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(Signature)

Applicant

Date: