

NOTE:-

Advertisement No.

# बिहार पशु विज्ञान विष्वविद्यालय, पटना

पो₀-बिहार पशु चिकित्सा महाविद्यालय, पटना-800014

#### **BIHAR ANIMAL SCIENCES UNIVERSITY**

P.O.-BIHAR VETERINARY COLLEGE, PATNA - 800014

Please read the general instructions carefully given on the website before filling the application form

## **Employment Notice No.: 05/2025**

# APPLICATION FORM FOR THE POST OF COMPTROLLER, DEPUTY COMPTROLLER & DEPUTY REGISTRAR

| Dat<br>Pos | ed<br>t Applied for                | :              |  | self-attested<br>latest<br>photograph |
|------------|------------------------------------|----------------|--|---------------------------------------|
|            |                                    |                |  |                                       |
|            | egory of post<br>and Draft Details | :              |  |                                       |
| Banl       | k Draft No.                        |                | Dated                                  |                                       |
| Amo        | unt (Rs.)                          |                | Name and Branch of<br>the issuing Bank |                                       |
|            | This application                   | contains pag   | ges (Total number of pages).           |                                       |
| Pers       | onal Information:-                 |                |  |                                       |
| 1.         | Name in full (In                   | Block Letters) | Dr./Mr./Mrs./Ms.                       |                                       |
| 2.         | Father's Name                      |                |  |                                       |
| 3.         | Mother's Name                      |                |  |                                       |
| 4.         | i) Marital Status                  |                | Y                                      | es / No                               |
|            | ii) If Yes, mention                | Spouse Name    |  |                                       |
|            |                                    |                |  |                                       |
| 5.         | Gender (Male/Fe                    | male)          |  |                                       |
| 6.         | Gender (Male/Fe                    | male)          |  |                                       |
|            |                                    |                | Years                                  | Months                                |
| 6.         | Date of Birth                      |                | Years                                  | Months                                |

| 1   | Mol         | bile I                 | No.   |             |                 |                       |
|-----|-------------|------------------------|---|-------------|-----------------|-----------------------|
| 11. | E-m         | nail A                 | Address   |             |                 |                       |
| 12. | Aad         | lhaa                   | r Number  |             | 4               |                       |
| 13. | Pre         | sent                   | Mailing Address with Pin Code   |             |                 |                       |
| 14. | Per         | man                    | ent Home Address with Pin Code  |             |                 | ,                     |
| 15. | Stat        | te of                  | permanent domicile  |             |                 |                       |
| 16. | If y        | ou ai                  | re employed, mention details  | Designation | Date of Joining | Date of<br>Retirement |
| 17. |             |                        | and Designation of your present or (Person, office, institution)  |             |                 |                       |
| 18  | pres<br>app | sent<br>licat<br>Obj   | ou obtained the permission of your<br>employer for submitting this<br>ion (if not, you should have to bring a<br>ection Certificate' from your employer<br>me of the interview) |             |                 |                       |
| 19  | dep<br>com  | sent<br>utati<br>ipuls | ou obtained the permission of your employer to serve the University on ion preferably for five years cory for three years?  |             |                 |                       |
| 20. | I.          | i)                     | Scale of pay + grade pay  |             | 4               |                       |
|     |             | ii)                    | Level in 7th CPC  |             |                 |                       |
|     | II.         | Pre                    | esent basic pay   |             |                 |                       |
|     | III.        | Otl                    | her admissible allowances   |             |                 |                       |
| 21. |             | selec<br>uirec         | ted, please state the joining time  |             |                 |                       |

| 22. | Justification for seeking extension in joining period   |  |
|-----|---|--|
| 23. | If selected, are you prepared to accept the minimum initial basic pay offered. If not, state the lowest initial acceptable basic pay. |  |

#### 24. Academic Qualifications (attach supporting document)

| Examination   | Matriculation | Senior<br>Secondary<br>(10+2) /<br>Intermediate | Graduation | Post-<br>Graduation | Doctorate<br>(Ph. D.) | Attached<br>on Pg.<br>No. |
|---|---------------|---|------------|---------------------|-----------------------|---------------------------|
| Name of Board /<br>University                         |               |   |            |                     |                       |                           |
| Year of passing                                       |               |   |            |                     |                       |                           |
| Maximum Marks   |               |   |            |                     |                       |                           |
| Marks Obtained  |               |   |            |                     |                       | mar(3                     |
| Percentage of<br>Marks                                |               |   |            |                     |                       |                           |
| OGPA/CGPA   |               |   |            |                     |                       |                           |
| Division  |               |   |            |                     |                       |                           |
| Subjects  |               |   |            |                     |                       |                           |
| Position,<br>Distinction, Prizes,<br>Scholarship etc. |               |   |            |                     |                       |                           |

(Attach self-certified copies of the Detailed Marks Sheets or Transcripts / degrees certificates of all the examinations passed)

#### 25. Employment Record

| on of the<br>',<br>of the                         | Period (<br>and yea<br>shoul<br>give | r both | D     | uratio | 1    | Pay drawn<br>(Basic Pay<br>+ Grade<br>Pay + | Brief Information<br>of related work<br>done* | Reason<br>for<br>leaving<br>the | Attached on Pg. No. |
|---|--------------------------------------|--------|-------|--------|------|---|---|---------------------------------|---------------------|
| Designation<br>posts held,<br>Name of<br>Employer | From                                 | To     | Years | Months | Days | allowances<br>except HRA<br>and CCA)        |   | post                            | Attached            |
|   |                                      |        |       |        |      |   |   |                                 |                     |
|   |                                      |        |       |        |      |   |   |                                 |                     |
|   |                                      |        |       |        |      |   |   | 1/4                             |                     |
| *   |                                      |        |       |        |      |   |   |                                 |                     |

| Refere<br>and w<br>should<br>a) | ell acquaint                  | e specify the names of two referees who should be responsible personsed with you during the last five years. If employed, one of the referees cent employer). |  |  |  |  |  |
|---------------------------------|-------------------------------|---|--|--|--|--|--|
| and w<br>should<br>a) N         | ell acquaint                  | ed with you during the last five years. If employed, one of the referees  |  |  |  |  |  |
| and w<br>should<br>a)           | ell acquaint                  | ed with you during the last five years. If employed, one of the referees  |  |  |  |  |  |
| )                               |                               |   |  |  |  |  |  |
| Г                               | Name:                         |   |  |  |  |  |  |
|                                 | Designation:                  |   |  |  |  |  |  |
| A                               | Address:                      |   |  |  |  |  |  |
| (                               | (With Pin code                | e)  |  |  |  |  |  |
| F                               | E Mail:                       |   |  |  |  |  |  |
| I                               | Phone:                        |   |  |  |  |  |  |
| b) 1                            | Name:                         |   |  |  |  |  |  |
|                                 | Designation:                  |   |  |  |  |  |  |
|                                 | Address:                      |   |  |  |  |  |  |
| (                               | (With Pin code                | e)  |  |  |  |  |  |
|                                 | E Mail:                       | ······································  |  |  |  |  |  |
| 1                               | Phone:                        |   |  |  |  |  |  |
| this a                          | appointment,<br>ch separate s | not mentioned above, which you think, will strengthen your claim for you may explain here.  Sheet, if necessary)  |  |  |  |  |  |
| List of                         | self-attested                 | copies of certificates and testimonials attached  |  |  |  |  |  |
| (i)                             |                               | (ii)  |  |  |  |  |  |
| (iii) _                         |                               | (iv)  |  |  |  |  |  |
| (v) _                           |                               | (vi)  |  |  |  |  |  |
| (vii)                           |                               | (viii)  |  |  |  |  |  |

24.



#### IDENTITY CERTIFICATE

| Certificate to be signed by   |                            |   |
|---|----------------------------|---|
|   |                            | f Central or State Government;  |
|   |                            | nent or State Legislature;  |
| iii. Sub-Division   |                            |   |
|   |                            | Deputy Tehsildars authorized to exercise magisterial powers;  |
| v. Principals an  | id Hea                     | admasters of all recognized institutions;   |
| vi. Head of Univ  | versity                    | o/ Departments; and   |
| vii. Block Develo   | pmen                       | at Officer.   |
|   |                            | Dr./Shri/Smt./Kumari  |
| son/daughter of Shri  |                            | for the last  |
| years _   |                            | months, and that to the best of my knowledge and  |
| belief, the particulars furnis  | shed b                     | by him/her are correct.   |
|   |                            |   |
|   |                            | Signature   |
| (Name in block letters)   |                            |   |
| Place:  |                            | Designation and address   |
| Date:   |                            |   |
|   |                            | DECLARATION   |
| nothing has been concealed / did<br>distorted then, my appointment<br>and criminal case may be initial<br>laws as applicable. | istorte<br>shall<br>ted ag | ation is correct and complete to the best of my knowledge and belief and the content of the correct and the content of the content of the content of the liable to summarily termination without any notice / compensation and conditions of Indian Panel Code and other the general instructions and conditions mentioned in the advertisemental of the application. |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   | (TE                        | 3.3.4.  |
| a   |                            | 'humb impression of the candidate) and for male and right hand for female)  |
| (I  | Jeit III                   | and for male and right hand for female,   |
|   |                            |   |
| Place:  |                            | Signature of Candidate  |

W

Dated:

### VERIFICATION OF THE ANTECEDENTS OF CANDIDATE BY THE EMPLOYER

(e information is to be furnished by the Employer in respect of the in-service candidate for the last 10 years and in case the service period is less than 10 years then from the date of joining)

| Year                              | Overall performance  | Report about integrity            | Report about<br>work and<br>conduct | Punishment<br>awarded, if<br>any | Whether any<br>disciplinary / legal /<br>Vigilance<br>proceedings are    |
|-----------------------------------|----------------------|-----------------------------------|-------------------------------------|----------------------------------|--|
|                                   | ,                    |                                   |                                     |                                  | pending against the official.  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   |                      |                                   |                                     | - 25                             |  |
|                                   |                      |                                   |                                     |                                  |  |
|                                   | fil the prescribed q |                                   | erience required                    | for the post?                    |  |
|                                   | erience (Yes/No)     | )                                 |                                     |                                  |  |
| rom his / her s<br>bove applicati | service record and   | found correct. Fied and found con | orwarded with trect and this In     | he remarks th<br>stitution/Organ | has been verifi<br>at the facts stated in t<br>nization has no objection |
| Name in block                     | letters)             |                                   | Head of                             | the Institution                  | /Organization with Se  |
|                                   |                      |                                   |                                     |                                  |  |

N

Designation\_

Place: \_\_\_\_\_Date: \_\_

# BRIEF INFORMATION EMPLOYMENT NOTICE - 05/2025

| Name  |  | 11122                             |   |            |           |                                  |  |                        |
|---|--|-----------------------------------|---|------------|-----------|----------------------------------|--|------------------------|
| Father's Name   | ,  |                                   |   |            |           |                                  |  |                        |
| Date of Birth   |  |                                   |   |            |           |                                  |  |                        |
| Age at the time   |  |                                   |   |            |           |                                  |  |                        |
| Category of the   | applied  |                                   |   |            |           |                                  |  |                        |
| Applied through   | •  |                                   |   |            |           |                                  |  |                        |
| Educational Qu  | alification  | Nam                               | e of the degree   | Subject    |           | OGPA /<br>Percentage<br>Obtained |  | Year of passing        |
|   |  |                                   | School -  |            |           |                                  | builded  |                        |
|   |  | 10 + 2                            |   |            |           |                                  |  |                        |
|   |  | Gradu                             | CONTRACTOR OF THE PROPERTY OF |            | 1 1 1 1 1 |                                  |  |                        |
|   |  |                                   | Graduation  |            |           |                                  |  |                        |
|   |  | Ph.D.                             |   |            |           |                                  |  |                        |
|   |  | Any of                            | ther  |            |           |                                  | ,  |                        |
| Employment Re   |  |                                   | 1   |            |           |                                  |  |                        |
| Sr. No.   | Post a<br>Departm  |                                   | Pay Scale<br>Grade Pay/<br>Level  | and<br>Pay | From      | Per                              | To   | Total Yrs.             |
|   |  |                                   |   |            |           |                                  |  |                        |
|   |  |                                   |   |            |           |                                  |  |                        |
|   |  |                                   |   |            |           |                                  |  |                        |
|   | · · · · · · · · · · · · · · · · · · ·                          | ing and                           | Research Establ   | ishme      | ent       |                                  | Exp  | Yrs.                   |
| 1. Experier   | ice in Teach   | Transport of                      | Tropout off Potuoi  |            |           |                                  | The state of the s | ALTERNATION AND MARKET |
|   |  |                                   | dministration   |            |           | :                                | Exp  | Yrs.                   |
| 2. Experier   | nce in Educa   | itional A                         | dministration   |            |           | :                                |  |                        |
| <ol> <li>Experier</li> <li>Experier</li> <li>Experier</li> </ol>                    | nce in Educa<br>nce in Accounce in Opera<br>Audits and a       | ntional A<br>unt Adm<br>tion in f | dministration   |            |           |                                  | Exp  |                        |
| <ol> <li>Experier</li> <li>Experier</li> <li>Experier</li> <li>budget, a</li> </ol> | nce in Educance in Accounce in Opera<br>Audits and a<br>works. | ntional A<br>unt Adm<br>tion in f | dministration inistration inancial system,  |            |           | :                                | Exp  | Yrs.                   |

N