





## SKUAST-J ABI FOUNDATION

(Registered under Section 8 of the Companies Act 2013)
Sher-e-Kashmir University of Agricultural Sciences & Technology of
Jammu

**Application Form** – (Please read the advertisement notification no.-04 of 2025 of ABIF dated: 31.10.2025 along-with terms & conditions carefully before applying)

Application form for the engagement of contractual position of Technical/Office Assistant under RKVY-RAFTAAR project operational at SKUAST-J ABI FOUNDATION

| 1. | Name of the Applicant :              |   |               |
|----|--------------------------------------|---|---------------|
| 2. | Father's Name :                      |   | Affix latest  |
| 3. | Mailing Address :                    |   | Passport size |
| 4. | Mobile No. / Contact No.:            |   | Photograph    |
| 5. | Email Id :                           |   |               |
| 6. | Advertisement No. & Date             | : |               |
| 7. | Date of Birth : (Attach certificate) |   |               |

- 8. Age as on 01.01.2025 (Months/Days/Years)
- 9. Postal Address:
- 10. Academic Performance & Other Indices: Over all weightage = 80 marks (20 marks reserved for personal interview)
  - a. Educational qualification: (Attach Self Attested Marks Sheet & Certificates)

Weightage: 60 marks

| S.  | Name of the  | Name of the Board | Year of | Marks/CG |     | %     | Score points |       | nts        |
|-----|--|-------------------|---------|----------|-----|-------|--------------|-------|------------|
| No. | Degree   | / University      | Passing | PA       |     | Marks |              |       |            |
|     | obtained<br>(Tick)   |                   |         | Obta     | Out |       | Marks        | Max   | Marks      |
|     | (TICK)   |                   |         | ined     | of  |       | Calcul       | Marks | calculated |
|     |  |                   |         |          |     |       | ation        |       | by the     |
|     |  |                   |         |          |     |       |              |       | candidate  |
|     |  |                   |         |          |     |       |              |       |            |
| Α.  | <u>Graduation</u>  |                   |         |          |     |       | % x 30       | 30    |            |
|     | Graduation in<br>any stream<br>(Preferably<br>B.Com./ BBA) |                   |         |          |     |       |              |       |            |

| В. | Additional 5 marks only for those candidates having Graduation stream of B.Com/B.B.A |  |  |  |  | % x 5 | 5      |    |  |
|----|--|--|--|--|--|-------|--------|----|--|
| C. | 10+2   |  |  |  |  |       | % x 20 | 20 |  |
| D. | Matric   |  |  |  |  |       | % x 5  | 5  |  |

b. Other Index (Attach Proof w.r.t. relevant experience only in case worked in Govt./Semi-Govt./ PSU organizations)\*

Weightage: Maximum 20 marks

| S.  | Name of the   | Name of      | Name of the | Nature of | Working            | Total No. | Marks   |
|-----|---|--------------|-------------|-----------|--------------------|-----------|---|
| No. | Experience  | Organization | Post held   | duties    | experience From/To | of Years  | (2 marks/year to<br>the maximum of<br>20 marks.<br>Experience less<br>than 6 months<br>shall not be<br>counted) |
| 1.  | Working<br>knowledge of<br>accounts and<br>computers,<br>including MS<br>office and<br>internet |              |             |           |                    |           |   |

\*Candidates claiming work experience shall attach the experience certificate in the following format which shall be duly filled in & signed by concerned authorized employer. The experience certificate produced in any other format shall be rejected. Sample of Experience Certificate Format (to be attached duly filled in and signed by the authorized employer).

| auty filled ill and signed by the authorized  | employer).                               |                           |                     |                      |           |       |
|---|--|---------------------------|---------------------|----------------------|-----------|-------|
| "Certified that Mr./Ms.   |  |                           | has                 | worked               | in        | the   |
| Organization/Department   | from                                     | to                        | in                  | the                  | capacity  | of    |
| and he/she had draw   |  |                           |                     |                      |           |       |
| which is as per the pay acquaintance role   | •  |                           |                     |                      | 8 1       |       |
|   |  |                           |                     | S                    | d/-       |       |
|   |  |                           | (Sig                | gnature of           | the Emplo | oyer) |
| Certified that the information submitted pertaining to information(s) submitted information is found incorrect or false at the Competent Authority and my contract. | I herein enclosed<br>at any stage, I may | l are genu<br>y be liable | ine. In<br>to any p | case any<br>unishmen | of the a  | bove  |
| Encls: leaves   |  |                           |                     |                      |           |       |
| Date:   |  |                           | (                   | Signature            | of Candid | late) |
| Place:  |  |                           |                     |                      |           |       |