



Administration of the
Union Territory of Lakshadweep
(DIRECTORATE OF AGRICULTURE)
Kavaratti - 682 555

F.No. 2/5/2009-Agri / 7

Dated 23.07.2010

CIRCULAR

It is proposed to fill up one vacancy of Agricultural Supervisor in the Scale of Pay of PB-1, Rs. 5200-20200 with Grade Pay Rs.2400/- under the Agricultural Department, by direct recruitment from Local Candidates with matriculation/ equivalent and Agricultural Diploma of recognized University/Institution in Agricultural Science subject in the age Between 18 and 25 years relaxable for 5 years in the case of Scheduled Caste/Scheduled Tribes Candidates.

The eligible and willing local candidates may apply in the prescribed format (enclosed) with copies of their testimonials to prove their educational qualifications/Caste/Age etc alongwith employment registration number (if registered in the District Employment Exchange) to the undersigned before 07.08.2010. The applications received without required documents and after date will be rejected without any intimation.

Encl: As above

(RAVI DADHICH)
DIRECTOR OF AGRICULTURE

To

1. The Subdiv in all Islands
2. The Deputy Collector, Agatti/Minicoy
3. The Agricultural Officer, Amini/Kadmat/Kalpeni
4. The Unit In charge Agricultural Department, in all Islands/Kochi
5. The Sub Editor, Lakshadweep times daily with request to publish the matter in the next issue of Lakshadweep Times.
7. The Officer In charge All India Radio, Kavaratti
8. The NIC, Kavaratti for publishing in the Lakshadweep web site.

Safew

for website

24/07/2010

24/07/2010

M. 24/7/10

LAST / DTAE FOR RECEIVING APPLICATION 07.08.2010

ADMINISTRATION OF THE UNION TERRITORY OF LAKSHADWEEP
APPLICATION FORM FOR AGRICULTURAL SUPERVISOR

To be filled in Capital letters

Affix your
recent
Passport
Size
Photograph

1. Full Name :

2. Father's Name :

3. Present Postal
Address :

4. Permanent Home
Address :

5. Date of Birth : Date Month Year

6. Age as on 15.12.2009 : Year Month Days

7. Marks obtained in
Matriculation/equivalent :

Total Marks Obtained	Maximum Marks	Percentage of Marks	Year of pass with Register No.

8. Employment Regn.No. :

9. Whether belongs to ST : Yes No

10. Are you an ex-Servicemen:
Army, Navy or Air force Yes No

If yes, mention the following details.

(i) Date of appointment (ii) Date of discharge (iii) No. of Years

(a) Service No..... PA No..... in Defence

(b) Rank. Service

(c) Unit last served.

(d) Character at the time of discharge

(e) Medical Category at the time of discharge

11. Are You government employee.

If yes, Yes No

(i) Designation

(ii) Department/Section

(Attach NOC)

12. Are you Handicapped?

Yes No

If yes, mention the following details

(i) Nature of disability (Please tick)

Physically	Visually	Deaf & dumb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ii) Percentage of disability:
(Attach Medical Certificate).

Yes No

13. Age, Educational Qualification Category have been fulfilled:

(Attested copies of Qualifications, Age, Caste, Physically Handicapped, Defense Discharge Certificate, as applicable, to be attached).

DECLARATION

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being false or incorrect or ineligibility being detected before or after the appointment, my candidature/appointment is liable to be cancelled.

I have submitted only one application for this examination

I also declare that I have never been convicted by any court of law.

Signature:

Place:

Name :

Date :

Address :