**DEPARTMENT OF AGRICULTURE DEVELOPMENT & FARMERS’ WELFARE, KERALA**

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| **APPLICATION FOR THE POST OF DEPUTY MANAGER/ ASSISTANT MANAGER IN IT CELL, DIRECTORATE OF AGRICULTURE** |
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| **PERSONAL INFORMATION** |
| NAME (in capital- submit a copy of Dept ID Card) | PERMANENT EMPLOYEE NUMBER (PEN): | AGE & DATE OF BIRTH |
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| APPLICATION FOR THE POST OF  |  DEPUTY MANAGER (IT)  ASSISTANT MANAGER (IT)  |  PHOTO |
| PRESENT DESIGNATION |  |
| OFFICIAL ADDRESS:(with district & PIN Code) |  |
| PERMANENT / RESIDENTIAL ADDRESS:(with district & PIN Code) |  |
| PHONE NUMBER |  | EMAIL ADDRESS |  |
| TOTAL EXPERIENCE IN THE DEPARTMENT (No. of Years & Months) |  |
| EXPERIENCE IN THE PRESENT CADRE (No. of Years & Months) |  |
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| **EDUCATIONAL QUALIFICATIONS (starting from the latest)** |
| QUALIFICATION | UNIVERSITY/BOARD | INSTITUITION | YEAR OF PASSING |
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| **PROFESSIONAL/ WORK EXPERIENCE (Attach proof)** |
| Designation/Post | Period (YYYY/MM- From & To) | Office with District | Remarks |
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| **ICT BASED COURSES/ TRAININGS COMPLETED (Attach proof)** |
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| **EXPERIENCE IN ICT CADRE** |
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| **DUTIES & RESPONSIBILITIES ENTRUSTED RELATED TO ICT** |
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| **ROLES/ ACHIEVEMENTS IN e-GOVERNANCE INITIATIVES** |
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| **EXAMPLES OF ATTITUDE TOWARDS ICT INITIATIVES** |
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| **SKILLS & INTERESTS** |
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| **DECLARATION** |
| 1. *I hereby declare that the details furnished above are true and correct to the best of myknowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading ormisrepresenting, I am aware that I may be held liable for it.*
2. *I declare that I am ready to undertake the duties and responsibilities related to IT Cell as listed in the Government Order GO(Ms)No.52/2023/AGRI Dated, Thiruvananthapuram, 02-06-2023 and other duties as per the directions of Manager (IT) and Director of Agriculture.*
3. *I declare that I am ready to perform any additional duties and responsibilities as entrusted by the Department over and above the normal duty hours, as and when required.*
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| DATE |  | NAME & SIGNATURE |  |  |  |