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

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| **APPLICATION FOR THE POST OF DEPUTY 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) | | | | | | | | | | 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 my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, 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 | | | |  |  | | | | |  |