


District Rural Development Agency, Hisar.

Employment Notice for Empanelment

Applications are invited in the prescribed format from eligible candidates (upto 42 years of age as on 01-07-2017) for contractual appointment on following posts under MGNREGA on fixed honorarium as indicated against each.

S. No.	Name of the Post	Qualifications	Consolidated Monthly Remuneration
1.	Additional Block Programme Officer (one)	Post Graduate from any recognized University (with atleast 50% marks) in Master of Business Admn. (MBA), Social Work, Sociology, Economics, Agriculture, Rural Development. Preference may be given to candidates having experience in the area of Rural Development.	Rs. 21,000/- per month
2	Bare Foot Technician (BFTs) in block as per demand	BFT candidate will submit the following documents:- 1. BFT Certificate issued by National Skill Development Council (NSDC)- Agriculture Skill Council of india (ASCI) confirming to the National Skills Qualifications Frame work (NSQF) level 04. 2. 10 th Pass Certificate. 3. MGNREGA job card of HH and alongwith Aadhaar number of the individual.	Rs. 9350/- per month.

The application completed in all respects must reach to the Addl. Dy. Commissioner, Hisar latest by ~~27~~ 26-07-2017 along with attested copies of testimonials & certificate . No TA/DA will be paid for attending the interview /test. The application form may be downloaded from website. www.hisar.gov.in .


Additional Deputy Commissioner, Hisar

Application form
(MGNREGA)

*Affix recent
passport size
Photograph
duly attested by
a Gazetted
Officer*

(To be filled in Block letters)

1. Name of the Post applied for: **Bare Foot Technicians.(BFT) /ABPO**

2. Name of the Applicant: _____

3. Father / Husband's Name : _____

4. Date of Birth : _____

5. Sex (Male / Female) : _____

6. Marital Status : _____

7. Category (General / SC / BC / OBC): _____

8. Qualification:

S.#	Name of Exam	Subjects Studied	Board / University	Year of Passing	Percentage of Marks obtained

9. Experience: *To be specified in terms of Months and Years.*

Employer	Date of Joining	Date of Leaving	Period Served	Nature of Work handled	Monthly Emoluments

10 Address for Correspondence:

11 Permanent Address :

12 Phone Number / Mobile:

13 E-Mail Address:

14 Lists of Enclosures:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

Undertaking :

I, _____, hereby certify that the details given above are true to the best of my knowledge and belief. I have gone through the instructions and further understand that if any information furnished by me is found to be incorrect, it will entail forfeiture of my candidature.

Signature of the Applicant

Date:

Place: