

APPLICATION FORM

AFFIX
RECENT
PASSPORT
SIZE SIGNED
PHOTOGRA
PH

Name of the Project: _____

Name of the Post: _____

1. Name of the Candidate (Block letters): -----
2. Father's/Husband Name: -----
3. Sex: Male /Female/Transgender
4. Date of Birth (Please attach documentary proof): -----
5. Age as on 01-04-2023: -----Years -----Months -----Days
6. Marital Status: -----
7. Permanent Address: -----
8. Correspondence Address: -----
9. (i) E-mail Id: -----
(ii) Mobile No. -----
(iii) WhatsApp No. -----
10. Whether SC/ST/OBC/GEN (Documentary evidence to be attached)
11. Nationality: -----

12. Educational Qualification/Technical Qualification:- (Please attach photocopy of related certificates) starting from Matriculation/10th & onwards:

S.No.	Name of the Examination Passed	Subjects	Name of Board/University	Year of Passing	% of Marks/GP/Division

13. Experience (particulars of all previous and present employment) if any:- (Please attach documentary proof)

S.No.	Name of the Organization	Post/position held	Period	Emoluments	Remarks

14. Detail of publications:-

15. Any other Information:

DECLARATION

I hereby declare that all the statements made above are true, complete and correct to the best of my knowledge and belief. I also declare that (i) I have never been punished or debarred from government (Central/State) autonomous Organizations and ICAR service. (ii) I have not been convicted by a court of law for any offence. In the event of any information being found false/incorrect/ineligibility being detected at any time before after selection, action may be taken against me and I shall be bound by the decision of thee employer. I further declare that I have read the Advertisement carefully and I declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification etc., prescribed for the contractual engagement. .

Date:

Signature of the applicant:

Place:

Name: