APPLICATION FORM

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 form 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: