

**ICAR-INDIAN INSTITUTE OF SOYBEAN RESEARCH, INDORE
APPLICATION FORM**

Advertisement No.06 /2024

Post Name (*Please √ or X*): **Research Associate-I / Senior Research Fellow**

1.	Name of the Candidate (In block letter)		
2.	Mother/Father's/ Husband's Name		Affix latest self-attested Colour
3.	Date of Birth [dd/mm/yy] & Age		
4.	Marital Status		
5.	Nationality		
6.	Gender (Male/Female/ Transgender)		
7.	Category (SC/ST/OBC/ UR/PwD) and Caste		
8.	Aadhar No.		
9.	Permanent Address with PIN Code		
10.	Correspondence Address with PIN Code		
11.	Mobile No. and Email ID		

12. Academic/ Professional/ Technical Qualifications:

Sl. No.	Name of Examination	Subject	Board/ University	Year of Passing	Grade/ %age
I.	High School (10th)				
II.	Intermediate (10+2)				
III.	Graduation				
IV.	Post Graduation				
V.	Ph.D				
VI.	NET/BET/GATE				

13. Work Experience (if any):

Sl. No.	Name of organization	Designation	Period of Experience
I.			
II.			

14. Any other achievements/ publications:.....

15. In about 100-200 words, please write why you are interested in the proposed research area.

16. Any additional informations:.....

I, (Name) hereby declare that all statements made in the application form are true/ correct to the best of my knowledge and belief. I have been enclosed self-attested required documents. My candidature/ appointment may be cancelled at any stage without any notice, in the event of any information being found false or incorrect. I have been read all the instructions carefully before submit the application form.

Enclosure (*Please √ or × mark*):

- | | | | | | |
|---|--------------------------|-------------------|--------------------------|-----------|--------------------------|
| a) 10 th Certificate | <input type="checkbox"/> | d) PG Certificate | <input type="checkbox"/> | g) NET | <input type="checkbox"/> |
| b) 12 th / Diploma certificate | <input type="checkbox"/> | e) NOC | <input type="checkbox"/> | h) Ph. D | <input type="checkbox"/> |
| c) Graduation certificate | <input type="checkbox"/> | f) Experience | <input type="checkbox"/> | i) Aadhar | <input type="checkbox"/> |

Place: _____

Date: _____

(Signature of the Candidate)