APPLICATION FORM

AFFIX RECENT

Name of the Post:					
1.	Name of the Candidates (Block letters):	SIZE SIGNED PHOTOGRAPH			
2.	Father's/ Husband's Name:				
3.	Sex : Male/ Female/ Transgender				
4.	Date of Birth (Please attach documentary proof):DD/MM/YYYY				
5.	Age as on 07-08-2020 :				
6.	Marital Status:				
7.	Permanent address:				
8.	Correspondence address.				
		• • • • • •			
9.	E-mail Id: Mobile::				
	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/10 th onwards:				

S. No.	Name of the Examination Passed	Subjects	Name of Board /	Year of Passing	% of Marks /
110.	Examination I asseu		University	1 assing	GP/
					Division

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

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

14. Detail of Publications:	
15. Any other Information:	
DEC	LARATION:
I hereby declare that all the statements	made above are true, completer 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 Org	ganizations 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 tir	ne before or after selection, action may be taken against
me and I shall be bound by the decision of the	e employer. I further declare that I have read the Advt.
carefully and I declare that I fulfill all the co	onditions of eligibility regarding age limit, educational
qualifications etc., prescribed for the contractua	al engagement.
Date:	Signature of the applicant:

Name:

Place: