AFFIX RECENT PASSPORT SIZE SIGNED PHOTOGRAPH

**APPLICATION FORM**

(Please do not change the sequence of this form. If any Passing Certificate and Mark List not attached with your application, it may be rejected. Application should be submitted in this format only, otherwise, it will not considered)

Name of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Post: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 last date of submission of application: -------------Years---------------Months------------Days
6. Marital Status: ---------------------------
7. Permanent Address:-----------------------------------------------------------------------------------
8. Correspondence Address:----------------------------------------------------------------------------
9. (i) E-mail Id:--------------------------------------------------------------------------------------------------

(ii) Mobile No. ---------------------------------- Alternate (Relatives) Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) WhatsApp No. -----------------------------

1. Whether SC/ST/OBC/GEN (Documentary evidence to be attached)
2. Nationality:------------------------------------- 11a) Blood Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Educational Qualification/ Technical Qualification:- (Please attach photocopy of related certificates, otherwise it will not consider) starting from Matriculation/ 10th & onwards:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Name of the Examination Passed | Subjects | Name of Board/ University | Year of Passing | % of Marks GP/Division |
| 1 | SSC (10th) |  |  |  |  |
| 2 | HSC (12th) |  |  |  |  |
| 3 | B.Sc. (\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |
| 4 | M.Sc. (\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |
| 5 | Ph. D. |  |  |  |  |
| 6 | Any Other |  |  |  |  |

1. Experience (particulars of all previous and present employment) if any:- (Please attach documentary proof, if not it will not considered)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Name of the organization | Post/position held | Period(From / To) | Emoluments/Salary | Remarks |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

1. Details of Publications: ----------------------------------------------------------------------------------------------

(Please attach the copies)

1. 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 the 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: