

PROFORMA

Application for the post of _____

1. Name of the Candidate : _____
2. Name of the Institute : _____
3. Postal Address with Email ID and Phone No. : _____

4. Date of appointment to the Present Post : _____
5. Date of Joining in ICAR Services : _____
6. Date of Birth : _____
7. Education Qualification : _____
8. Whether belongs to SC/ST/OBC/General : _____
9. Service Particulars : _____

| Name of the Institute | Post held | Scale of Pay | Period | | Nature of duties | Whether Adhoc or on regular basis |
|-----------------------|-----------|--------------|--------|----|------------------|-----------------------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

10. Any other information/particulars relevant to the service of the applicant : _____

I do hereby declare that the particulars furnished by me are correct to the best of my knowledge and belief.

Signature of the Applicant.

CERTIFICATE TO BE FURNISHED BY THE HEAD OF OFFICE

Certified that the information furnished by the aforesaid applicant has been verified from the Office/ Service records and found correct.

Head of Office / AO / Director.