ICAR-Central Institute for Research on Buffaloes, Sirsa Road, Hisar Application for the Position of Young Professional-I/II at CIRB, Hisar on Bilateral Contract

Affix	Passport
Size	e Photo

1.	Name of Candida (in block letters)	ate										
2.	Father's Name											
3.	Date of Birth	ate of Birth								Se:	700	F
4.	Age as on the d	Age as on the date of walk-in- nterview						Na	itionality			1
5.	Address for Correspondence											
6.	Mobile No. email (if any)											
7.	Educational qualification starting with matriculation (attach photocopies of certificates										ates)	
	Name of exam		Year of passing		University/ Board		Subject		% age of Marks		Division/ Grade	
•	Name of the Training Course								la atitution			
8.	Name of the Training Course (attach photocopies of certificates				Duration			Institution				
9.	Experience (attac						- 1		SECTION CO.			
	Name of Organization	From	Period From To		Designation/ Position		Emoluments		Nature of Duties		Reas for Leavi	
	£							-				
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I solemnly declare that the statements made by me in this form are correct to the best of my knowledge and belief.

Date:

Place:

Signature of candidate