

## Annexure-I

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1. Name of the Applicant (In Block Letters) :
2. Father/ Husband/Guardian Name :
3. Whether belongs to SC/ ST/ OBC/ General :
4. Date of Birth (DD/MM/YYYY) :
5. Age as on 15<sup>th</sup> May 2025 :
6. Sex (Male / Female/Transgender) :
7. Present Address (with pin code) :
  - a. For Correspondence :

b. Permanent address :

8. E-mail ID and Mobile Numbers :

9. Details of Educational Qualification:  
(in chronological order, starting from 10th Class onwards including additional degree/ diploma

| S.N. | Exam/Class/<br>Degree/Diploma | Board/Institution/<br>University | Year of<br>Passing | Subject | %Marks/OGPA | Division |
|------|-------------------------------|----------------------------------|--------------------|---------|-------------|----------|
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |
|      |                               |                                  |                    |         |             |          |

10. Details of Working/ Professional Experience (if any):

(Particulars of all previous and present employment, list for which proof is available, enclose attested copies of experience)

| S.N. | Position Held | Employer | Period |    | Total Experience(in months) |
|------|---------------|----------|--------|----|-----------------------------|
|      |               |          | From   | To |                             |
|      |               |          |        |    |                             |
|      |               |          |        |    |                             |
|      |               |          |        |    |                             |

11. Are you an employee elsewhere? (If Yes, provide the details and NOC from employer):

13. List of Research Papers, Professional Achievements and Additional Information (if any):

14. Are you having Near/ Distant Relative(s) working at ICAR/ CMFRI? (If Yes, must declare it (Annexure-II) and communicate it before the interview date. If communicated or declared on the date of interview, candidate will not be interviewed. If candidates having No Near/ Distant Relative(s) working at ICAR/ CMFRI will also furnish a declaration in the format given in Annexure-II on the date of interview)

15. Self-declaration regarding truthfulness in application:

### DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligibility being detected at any time before or after interview/ selection, my candidature/appointment may be cancelled or is liable to be rejected without any notice.

Date .....

Signature.....

Place: .....

Name of the Candidate.....

**DECLARATION**

(To be submitted in advance by candidates whose relative(s) is an employee of ICAR/CMFRI; other candidates will furnish it at the time of interview)

I..... , declare that none of my near or distant relative(s) is an employee of the Indian Council of Agricultural research (ICAR) / Central Marine Fisheries Research Institute (CMFRI), Kochi, India.

OR

I ....., declare that I am related to the following individual(s) employed in ICAR/ CMFRI, Kochi, whose name(s), designation, nature of duties and relationship with me is furnished below:

Name:

Designation:

Institute/Organization:

Nature of duties:

In the event of the above-cited information is found to be incorrect or concealing any facts, my candidature to the interview/ selection to the post is liable to be cancelled.

Date .....

Signature.....

Place: .....

Name of the Candidate.....