

PROFORMA

APPLICATION FOR THE POST OF ADMINISTRATIVE CADRE

1.	Name of the Candidate (In BLOCK letters)	:	
2.	Designation	:	
3.	Date of Birth & Age	:	
4.	Educational & other qualifications	:	
5.	Name of the Institute, Department <i>(Central Government /State Government/Union Territories/Autonomous Bodies/PSUs as the case may be)</i>	:	
6.	Date of regular appointment	:	
7.	Brief particulars of the service including the present post		
	Post held	Pay Matrix Level/Pay band	Period Office Nature of duties
8.	Whether belonging to SC/ST/OBC/EWS	:	
9.	Applying for deputation or permanent absorption (strike off which is not applicable)	:	Deputation / Permanent Absorption
10.	Indicate the desired place of posting (strike off which is not applicable)	:	ICAR- CTCRI HQ, Thiruvananthapuram/ Regional Station, Bhubaneswar
11.	Any other information/particulars relevant to the service of the Employee		

DECLARATION

I, _____ hereby declare that all the statements made above are complete and correct to the best of my knowledge and belief. I fully understand that in the event of any information being found false or incorrect at any point of time, I shall be liable for appropriate action as decided by the Director, ICAR-CTCRI.

Date:

Signature of the Candidate

CERTIFICATE BY THE HEAD OF OFFICE

Certified that the particulars furnished above are correct. The Integrity Certificate and Vigilance clearance certificate and attested photo copies of the ACRs/APARs of the last five years are attached.

Signature of Head of office with seal