Application Form Application for the post of ______

1.	Full Name (In Block letters)	
2.	Father's Name	Attested/self attested passport
3.	Date of Birth (DD/MM/YYYY)	size photograph
4.	Age on (date of Interview)	
5.	Address with pin code (a.	
	Permanent address and b. for	
	communication	
6.	Mobile No.	
7.	Email address	
8.	Sex	
9.	Marital status	
10.	Whether belongs to SC/ST/OBC	
	/General	

11. Details of Educational Qualification from 10th onwards

Degree	Board/University	Year of passing	Maximum marks	Marks obtained	Percenrage
		1 8			

12. Det	tails of Experience (include	experience of one year	and above only)						
Sl.	Position held	Employer	Per	Total					
No.					Experience				
			From	То					
i									
 14. No objection certificate from present employer 15. Additional information 16. Self declaration regarding truthfulness in application Signature of Candidate 									
		Declar	ration						
I also hereby declare that none of my near or distant relative is an employee of the Indian Council of Agricultural (ICAR)/Indian Agricultural Research Institute (IARI). If found otherwise and in the event of non-declaring the same as prescribed in the advertisement, my candidature to the Interview and my selection to the post may be cancelled.									
I hereby declare that all statements made in the application form are true/ correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature/appointment may be cancelled.									
Date a	nd Place:								
Full na	ame of the candidate:			Signature					

Declaration

I,											for	post
on	. in The Div	vision of Flor	riculture and	d Lan	dscaping	g. Th	e follow	ving p	partic		relati	ve in
Name	:											
Designation	:											
Nature of duties:												
Relationship	:											
Date and Place:												
Full name of the candidate:				Signature								