<u>Application Form for the Post of Research Associate under the Emeritus Scientist</u> <u>Scheme in the Division of Agricultural Economics, IARI, New Delhi</u>

S. No.	Name of the Project	Post	Duration	Paste recent
1	Monitoring of Tribal	Research	One Year	Passport-size
	Sub-Plan for	Associate		Photograph
	Scheduled Tribes and			
	its Evaluation under			
	the Output-Outcome			
	Framework			

Full Name (In Block letters)	
Father's / Husband Name	
Gender : Male / Female	
Date of Birth (DD/MM/YY)	
Age as on date of Interview	
8	
Marital Status	
Address with pin code	
a. Permanent address	
b. For communication	
Mobile No.	
E-mail Address	
Whether belongs to	
SC/ST/OBC/General	
(Attach proof)	
	Gender : Male / FemaleDate of Birth (DD/MM/YY)Age as on date of InterviewMarital StatusAddress with pin codea. Permanent addressb. For communicationMobile No.E-mail AddressWhether belongs toSC/ST/OBC/General

11 Details of Educational Qualification from 10th onwards (Attach attested copies of certificates)

Degree	Board/University	Year of	Duration	Maximum	Marks	Percentage
		passing	of	marks	obtained	of marks /
			Course			CGPA
			(in			
			Years)			

12. Are you NET qualified ? Yes / No

If Yes, Year _____ and which of the following (Duly certified by the certificate issued by the concerned department) :

- i) ASRB-NET
 ii) CSIR-NET
 iii) UGC-NET
 iv) MHRD-GATE
 v) ICMB_IBE Entrop
- v) ICMR-JRF Entrance Exam
- vi) ICAR-JRF Entrance Exam
- 13. Details of Experience (include experience of one year and above only, attach proof)

S. No.	Name of Organization	Position held	Period (from)	Period (to)	Total experience

14. No objection certificate from present employer

- 15. Details of publications (only published research papers in Journals with proof):
- 16. Additional information, if any
- 17. . Self declaration regarding truthfulness in application:

Ihereby declare that all statements made in the application 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 without any notice.

Date & Place

Signature

Full name of the Candidate Address: E-Mail: Mobile No.:

DECLARATION

I declare that none of my near or distant relative(s) is an employee of the Indian Council of Agricultural research (ICAR) / Indian Agricultural Research Institute (IARI), New Delhi, India.

Or

Ideclare that I am related to the following individual(s) employed in ICAR / IARI, New Delhi, 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 and Place

Signature.....

Full Name of the Candidate.....