

## **DECLARATION FORM**

**(To be submitted in advance by candidates whose relative(s) is an employee of ICAR/ICAR-IARI; 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)/ ICAR-Indian Agricultural Research Institute (IARI), New Delhi, India.

Or

I ..... declare 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: .....

## APPLICATION FORM FOR RA and SRF

1. Full Name (In Block letters) :  
2. Father's Name :  
3. Date of Birth (DD/MM/YY) :  
4. Age as on date of interview :  
Address with pin code

a. Communication :

Photo

5.

a. Permanent address :

6. Telephone/ Mobile No. :  
7. E-mail Address :  
8. Gender :  
9. Marital status :  
10. Whether belongs to SC/ST/OBC/UR :  
11. Details of Educational Qualification

|                      | Subject | Board/ University | Year | % age of Marks |
|----------------------|---------|-------------------|------|----------------|
| 10 <sup>th</sup>     |         |                   |      |                |
| 12 <sup>th</sup>     |         |                   |      |                |
| Graduation           |         |                   |      |                |
| Post -<br>Graduation |         |                   |      |                |
| Ph.D                 |         |                   |      |                |

NET/GATE :

12. Details of Experience :

13. Details of publications :

14. No objection certificate from present employer:

15. Additional information

16. Self-declaration (Attached).

Place:

Signature of Candidate

Date:

## APPLICATION FORM FOR SKILLED WORKER

1. Full Name (In Block letters) :
2. Father's Name :
3. Date of Birth (DD/MM/YY) :
4. Age as on date of interview :
5. Address with pin code
- a. Permanent address :

Photo

- b. Communication :
6. Telephone/ Mobile No. :
7. E-mail Address :
8. Gender :
9. Marital status :
10. Whether belongs to SC/ST/OBC/UR :
11. Details of Educational Qualification

|                  | Subject | Board/ University | Year | % age of Marks |
|------------------|---------|-------------------|------|----------------|
| 10 <sup>th</sup> |         |                   |      |                |
| 12 <sup>th</sup> |         |                   |      |                |
| ITI              |         |                   |      |                |

12. Details of Experience :
13. No objection certificate from present employer:
14. Additional information
15. Self-declaration (Attached).

Place:

Signature of Candidate

Date: