Annexure-I

Application form for the post of

1.	Full Name (In Block letters):	
2.	Father's Name:	Recent passport
3.	Date of Birth (DD/MM/YY):	size photograph
4.	Age as on date of Interview:	
5.	Address with pin code	
	a. Correspondence address:	
	b. Permanent address:	

- 6. Gender:
- 7. Marital Status:
- 8. Whether belongs to SC/ST/OBC/General (Attach proof):
- 9. Mobile No:
- 10. Email address:
- 11. Details of educational qualifications in chronological orderstarting from 10th Class onwards including additional degree/ diploma (Attach attested copies of certificates):

Sl. No	Exam/Class/ Degree/Diploma	Board/Institution/ University	Year of Passing	Subjects	Percentage of marks (%)

12. Details of experience (include experience of one year and above only, enclose attested copies)

Position held	Organization	Period		Total experience
		From	То	(in years)
	Position held	Position held Organization		

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

14. Details of publications (only published research papers with proof):
15. Additional information, if any
16. Mention names of two referees with phone numbers and email addresses who can be contacted.
1) 2)
18. Self-declaration regarding truthfulness in application:
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.
Place:
Date:
Signature of the Applicant:
Full name of the Applicant:

Annexure-II

DECLARATION

	, declare that none of my near or distant relative(s) is an l of Agricultural research (ICAR) / Indian Agricultural Research
Institute(IARI), New Delhi, India.	
	Or
	declare that I am related to the following individual(s) elhi, whose name(s), designation and relationship with me is furnished
Name:	
Designation:	
Institute/Organization:	
Relationship:	
	information is found to be incorrect or concealing any facts, my tion to the post is liable to be cancelled.
Date:	
Place:	
	Signature of the Applicant:
	Full name of the Applicant: