Application Form

| Application for the post of |
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|-----------------------------|

| 1. | Full Name (In Block letters) | |
|-----|-----------------------------------------------------------------------|---------------|
| 2. | Father's Name | |
| 3. | Date of Birth (DD/MM/YY) | Attested |
| 4. | Age as on Interview Date | Passport size |
| 5. | Address with pin code {a. Permanent address and b. For communication} | photograph |
| 6. | Mobile No. | |
| 7. | E-mail 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 | Percentage |
|--------|------------------|-----------------|---------------|----------------|------------|
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12. Details of Experience (include experience of one year and above only)

| S. No | Position held | Employer | Period (from) | Period (to) | Total experience |
|-------|---------------|----------|---------------|-------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

- 13. Details of publications (only published research papers)
- 14. No objection certificate from present employer
- 15. Additional information
- 16. Self declaration regarding truthfulness in application

DECLARATION

| I also hereby declare that none of my near or distant relative is an employee of the Indian Council of Agricu | ıltural |
|----------------------------------------------------------------------------------------------------------------------|---------|
| Research (ICAR)/ Indian Agricultural Research Institute (IARI). If found otherwise and in the event of non-declarate | ing the |
| same as prescribed in the advertisement, my candidature to the Interview and my selection to the post be cancelled. | |

| I | h | ereby o | declare 1 | that all states | ments 1 | made ir | the ap | plication fo | orm a | ire true/ coi | rect to the be | st of n | ıy k | nowledge |
|-----------|------------|---------|-----------|-----------------|---------|---------|---------|--------------|-------|---------------|----------------|---------|------|-----------|
| and belie | ef. In the | event | of any | information | being | found | false o | r incorrect | , my | candidatur | e/appointmen | t may | be | cancelled |
| without a | ny notice | e. | | | | | | | | | | | | |

Date &Place Signature

Full name of the Candidate

Declaration

| Date &Place | | | | Sig | nature | |
|---------------------------------------------|---|---|--|-----|--------|--|
| Relationship | : | | | | | |
| Nature of duties | : | | | | | |
| Designation | : | | | | | |
| Name | : | | | | | |
| 2020 in Genetics Divadvertisement for atter | | - | | | | |

Full name of the Candidate