Annexure-I

Application Format for the position of 'Young Professional-1'

8. E-mail Address and Contact:
Phone/ Mobile Numbers

Paste your passport size photograph

| 1. | Name of the Applicant : (In Block Letters) | | |
|---------------------------------|--|--|--|
| 2. | Father/ Husband's Name : | | |
| 3. | Weather belongs to SC/ ST/ OBC/ General | | |
| 4. | Date of Birth (DD/MM/YYYY) | Sand And II) (made of the continuous section): | |
| 5.6. | Age on 25th June 2021 : Sex (Male / Female): | | |
| 7. | | soft off garvaduseshill and it in outliness a low It sould list at an insulation a demand only the latest | |
| | a. for Correspondence | | |
| | b. Permanent address | ss: | |

9. Details of Educational Qualification: (in chronological order, starting from 10th Class onwards including additional degree/ diploma)

| S.N. | Exam/Class/ Degree/Diploma | Board/Institution/ University | Year of Passing | Subject | % Marks/OGPA | Division |
|------|-------------------------------|----------------------------------|--------------------|---------|--------------|----------|
| | | | | | | |
| | | ender in uned Bu | | | | |
| | Lay a company | | | | | |

10. Details of Working/ Professional Experience (if any):

(Particulars of all previous and present employment, list for which proof is available, enclose attested copies of experience)

| S.N. | Position Held | Employer | Dura | Total Experience (in months) | |
|------|---------------|----------|----------|------------------------------------|---------------|
| | | | Fro m | То | |
| | | | | (emails 1) | |
| | | | 5 3 3)1 | Z c'unson li | (1000) (1000) |

- 11. Are you an employee elsewhere? (If Yes, provide the details and NOC from employer):
- 12. Are you having Near/ Distant Relative(s) working at ICAR/ IARI? (If Yes, must declare it and communicate to the undersigned by post or through e_mail at <a href="doi:10.1016/journace.nearing-nea
- 13. Self-declaration regarding truthfulness in application:

DECLARATION

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.

| Date and Place | Signature |
|----------------|----------------------------|
| | |
| | |
| | |
| | |
| | Full Name of the Candidate |

Annexure-II

DECLARATION

| | , declare that none of my near or distant ouncil of Agricultural research (ICAR) / Indian ew Delhi, India. |
|---|--|
| | Or |
| | , declare that I am related to the R/IARI, New Delhi, whose name(s), designation, is furnished below: |
| Name: | |
| Designation: | |
| Institute/Organization: | |
| Nature of duties: | |
| In the event of the above cited information | n is found to be incorrect or concealing any facts, |
| my candidature to the interview/ selection | n to the post is liable to be cancelled. |
| | |
| Date and Place: | |
| | Signature |
| | |
| | Full Name of the |
| | Candidate |
| | |