



भा.कृ.अनुप-सरसों अनुसंधान निदेशालय  
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## APPLICATION FORM FOR THE POST OF ACCOUNTANT

ENGAGEMENT OF ACCOUNTANT FOR THE PROJECT "CONSULTING SERVICES FOR TECHNICAL ADVISORY SUPPORT ON AUGMENTING RAPESEED-MUSTARD PRODUCTION OF ASSAM FARMERS FOR SUSTAINABLE LIVELIHOOD SECURITY" FUNDED BY WORLD BANK THROUGH ASSAM AGRIBUSINESS AND RURAL TRANSFORMATION PROJECT (APART).

Recent  
passport  
size  
photograph

|     |   |            |  |
|-----|---|------------|--|
| 1.  | Name of the Candidate (in Block Letters)        |            |  |
| 2.  | Father's / Mother's / Spouse Name               |            |  |
| 3.  | Gender (Male / Female / Others)                 |            |  |
| 4.  | Marital Status                                  |            |  |
| 5.  | Date of Birth (DD-MM-YYYY)                      |            |  |
| 6.  | Age   |            |  |
| 7.  | Are you a citizen of India by birth/domicile?   |            |  |
| 8.  | Category (SC/ST/OBC/Divyang/UR)                 |            |  |
| 9.  | Postal address for correspondence with PIN code |            |  |
| 10. | Permanent Address with PIN code                 |            |  |
| 11. | Contact Details                                 | Mobile No. |  |
|     |   | E-mail ID  |  |

### 12. Educational/ Professional qualifications

| S. No. | Examination passed | Board/University/Institute | Year of Passing | Major Subjects | Percentage |
|--------|--------------------|----------------------------|-----------------|----------------|------------|
| 1.     |                    |                            |                 |                |            |
| 2.     |                    |                            |                 |                |            |
| 3.     |                    |                            |                 |                |            |
| 4.     |                    |                            |                 |                |            |

### 13. Work Experience

| S.<br>No. | Designation | Organization | Duration           |                  |
|-----------|-------------|--------------|--------------------|------------------|
|           |             |              | From<br>(DD/MM/YY) | To<br>(DD/MM/YY) |
| 1.        |             |              |                    |                  |
| 2.        |             |              |                    |                  |
| 3.        |             |              |                    |                  |
| 4.        |             |              |                    |                  |

14. Total years of experience:\_\_\_\_\_

15. Languages known\_\_\_\_\_

**Note:** Please attach scan copies of following documents with this form:

1. Educational/Professionals Certificates
2. 10<sup>th</sup> Certificate/Birth Certificate
3. Work Experience Certificates
4. PAN Card
5. Aadhar Card

I hereby declare that all particulars in this form are correct and true to the best of my knowledge & belief and nothing has been concealed therein.

\_\_\_\_\_  
NAME &SIGNATURE OF THE APPLICANT

PLACE\_\_\_\_\_

DATE\_\_\_\_\_