FORMAT OF APPLICATION

ICAR-INDIAN INSTITUTE OF OILSEEDS RESEARCH
RAJENDRANAGAR, HYDERABAD-500030, TELANGANA

Affix Photograph

APPLICATION FOR THE POST OF: Young Professional –I (Section: _____).

1.	Name in full (In Block letters)	
2.	Father's/Husband's Name (Tick please)	
3.	Nationality	
4.	Date of Birth and Age (as on closing date for submission of application)	
5.	Sex (Male/Female/Transgender)	
6.	Marital Status	
7.	Communication Address with PIN Code	
8.	Permanent Address	
9.	Mobile Number	
10.	E-mail ID	
11.	Whether belongs to SC/ST/OBC/PH/Ex-Serviceman (If yes, state name of Caste & Enclose caste certificate	
12.	Educational Qualifications	

Sl. No.	Qualification Name	University/ Board	Year of passing	Grade/Division & % of marks in aggregate	Subjects

13. Details of Experience, if any (Particulars of all previous and present employment)

S. No.	Organization	Post held	Period		Duration (in Years and Months)	Pay	Nature of duties performed
			From	To			

(PTO)

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14. Any other relevant information:

I hereby declare that all the particulars furnished above 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 or incorrect/incomplete or ineligibility being detected at any time before or after interview/selection, my candidature is liable to be rejected. I shall be bound by the decision of the Director, ICAR-IIOR, Hyderabad.

Signature of the Candidate

Date: