APPLICATION PROFORMA

1. Name of Candidate & FMS No.   :
   (In block Letter)

2. Father's/Husband's Name   :

3. Name of the Institute where candidate is working   :
   at present

4. Date of Birth & Age (as on date of circulation)   :

5. Gender (M/F)   :

6. Postal Address   :

7. Mobile No.   :

8. E-Mail ID   :

9. Date of initial appointment on Direct Recruitment   :

10. Functional Group   :

11. Present Basic Pay with level of pay   :

12. Whether belongs to SC/ST/OBC/Ex-SM/PH   :

13. Category (UR/OBC/SC/ST/PH) on which initial   :
    appointment made

14. Educational Qualifications:

Exam Passed	Board/University	Year of Passing	Subjects	Percentage

15. Details of Technical/other Qualifications if any:

16. Service Details including present post

Name of the Institute	Post held	Scale of pay	Period		Nature of Duties Performed
			From	To	

Declaration

I_____ hereby declare that all the statement made above are complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect at any point, action may be taken against me and I shall abide by the decision of the Director, ICAR-NBPGR, New Delhi.

Date: **Signature of the Candidate**

Certificate to be furnished by the Head of Office

1. Certified that the information furnished above are verified from the service records of the candidate and found correct and further certified that no disciplinary action has been taken, initiated or being contemplated against the employee.
2. Vigilance Clearance Certificate.
3. CRs/APARs of the last five years (Attested photo copies)

                                                          Signature with seal of office