## 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 Addre	\$\$	;							
7.	Mobile No.									
8.	S. E-Mail ID									
9. Date of initial appointment on Direct Recruitment										
10	. Functional G	roup		:						
11. Present Basic Pay with level of pay										
12. Whether belongs to SC/ST/OBC/Ex-SM/PH										
13	13. Category (UR/OBC/SC/ST/PH) on which initial appointment made									
14. Educational Qualifications:										
	Exam Passed	Board/University	Year of Passing	Subjects	Percentage					
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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	То	•
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		<u>Declar</u>	ation		
		hereby	declare that	all the stat	tement made above are
complete and co	orrect to the be	st of my know	ledge and b	elief. 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

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)

decision of the Director, ICAR-NBPGR, New Delhi.

Signature with seal of office