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 we at present	orking		
4.	Date of Birth & Age (as on date of circulatio	n)		
5.	Gender (M/F)			
6.	Postal Address			
7.	Mobile No.			
8.	E-Mail ID			
9.	Date of initial appointment on Direct Recrui	itment		
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 initiappointment made	ial		
14.	Educational Qualifications:	Voor of	Cubinata	

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
			From	То	Performed

	<u>Declaration</u>
	hereby declare that all the statement made above a ect to the best of my knowledge and belief. In the event of any information or ect at any point, action may be taken against me and I shall abide by the ector, 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