

PROFORMA
APPLICATION FOR THE POST OF AT ICAR-NIASM, BARAMATI

1. Name of the candidate :
2. Name of the institute where
Applicant is presently working :
3. Date of appointment on regular :
4. Whether Permanent or Temporary:
Basis in the present post
5. Date of birth and age :
6. Educational Qualifications :

Sr.no	Name of Exam Passed	Board/Institution	Year
1			
2			
3			

7. Whether SC/ST/OBC :
8. Full Postal Address :
9. Contact Number :
10. Service Particulars :

Name of the Institute	Post held	Scale of pay	Period		Nature of duties performed
			from	to	

11. Any other information to the Application:

I _____ do hereby declare and certify that the information furnished above is correct and true to the best of my knowledge and belief. In the event of any information found false or incorrect at any time before or after the selection, action may be taken against me and I shall abide by the decision of the Director, ICAR-NIASM.

Place:

Date:

Signature of the applicant

Certificate to be furnished by Head of Office

Certified that the information furnished by the candidate has been verified from the office/service records and found correct. It is certified that no vigilance/disciplinary case is pending/contemplated against the above candidate. Attested copies of last 5 years APARs enclosed.

Signature with Seal of the Office