

भाकृअनुप - राष्ट्रीय अजैविक स्ट्रैस प्रबंधन संस्थान ICAR - NATIONAL INSTITUTE OF ABIOTIC STRESS MANAGEMENT

(समतुल्य विश्वविद्यालय)/(Deemed to be University)

भारतीय कृषि अनुसंधान परिषद, कृषि अनुसंधान एवं शिक्षा विभाग

Indian Council of Agricultural Research, Department of Agricultural Research & Education कृषि एवं किसान कल्याण मंत्रालय, भारत सरकार

MINISTRY OF AGRICULTURE & FARMERS WELFARE, GOVERNMENT OF INDIA

मालेगांव, बारामती, पुणे - 413 115, महाराष्ट्र, भारत

Malegaon, Baramati- 413115, Pune, Maharashtra, India



	Format for submission of application								Annexure- I	
	Serial number of SRF/YP-I/FA Post applied for									
	(Separate application for each post (1 to 05)									
1.		Name of the candidate (in block letters)								
2.		er's/Husband's nai	me	:					Attested	
	,	lock letters)							passport	
3.		e of Birth (as per th	ıe	:					size	
	matriculation)									
4.	_	as on 01.09.2021							photograph	
5.	Add	ress for correspond	dence	:						
	<u> </u>									
6.	Pern	nanent address		:						
7.	Con	tact Tolophone Nu	ımbar	:						
7.	Contact Telephone Number									
	Mobile No (Compulsory) E-mail ID (Compulsory) Fax Number (if any)			:						
			/)	:						
8.		gory (SC/ST/OBC/	/C ENI)	:						
9.	Gen	•	GEIN)							
10.			1	:						
10.	Whether Handicapped (please									
	mention type and extent)									
11.	Marital status			:						
12.	Educ	ational Qualificati	ons		<u> </u>					
	(You are required to enclose attested copies of the mark sheets/ certificates):									
				tutio		Subject/s		Year	% Marks	
			versity		•		Passed	obtained		
	i.	Matriculation								
	ii.	Intermediate								
	iii.	Diploma								
	iν.	Graduation								
	ν	Post-								
		graduation								



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राअस्ट्रैप्रसं
NIAŜM

	νi	PhD								
	νii	Any other								
13.		k experience –		:						
	Minimum one-year									
	relevant experience will									
	be desirable (Please									
	enclose relevant proof /									
	NOC									
	from	n employer)								
	l here	by declare that th	e info	rma	tion furnishe	d in this ar	polication are	true/ correc	rt to the best	
						-	-			
of my knowledge and belief. If selected, I promise to abide by the rules and discipline of the Institute. I note that the decision of the competent authority shall be final in regard to the selection.										
In the event of any information being found false or incorrect, my candidature/ appointment may										
be ca	ncelle	ed without any no	tice an	nd n	ecessary actio	n, as deem	ed fit may be	initiated ag	ainst me.	
Place:										
Date:							(Signature of	f Candidate)	
							Name:	Jignature O	Canadate	

DECLARATION

I hereby declare that none of my near or distant relative is an employee of the Indian Council of Agricultural Research (ICAR) –National Institute of Abiotic Stress Management. If found otherwise and in the event of non-declaring the same as prescribed in the advertisement, my candidature to the interview and my selection to the post be cancelled.

Date: Place:			Full name of the Car	
		OR		
) working in ICAR rtisement for attendi	
Name	:			
Designation	:			
Nature of duties	:			
Relationship	:			
Date: Place:				
			Full name of the Ca	Signature andidate