APPLICATION FORMAT

APPLICATION FOR THE POST OF______(SI. No......)

							AFFIX SELF ATTESTED LATEST PASSPORT SIZE PHOTOGRAPH		
1.	Name of th	ne Candidate		:					
2.	Father's Na	ame		:					
3.	Date of bir	th ary evidence to be	attached)	:					
4.		on closing date		:					
5.	Whether So	C/ST/OBC/PH ary evidence to be	attached)	:					
6.		dence Address	,	:					
7.	Permanent	Address		:					
8.	Email Addr	ess		:					
9.	Phone No /	' Mobile No.:		:					
10.	Nationality			:	:				
11.	Educationa	ational Qualifications (starting from SSLC till date) (Attach Certificate / document)							
Name of the Exam		Name of Board/ University	Class / Division	Percentage		Year of passing	Subject/s taken		

12.		=1 /GATE Qualified : ich certificate)	YES / NO						
13.	Details of Experience (if any: attach document)								
			Р						
Organization		Designation	Date of Joining	Date of leaving	Nature of work done				
14.	Name and	address of two reference	es:						
	i.								
	ii.								
		<u>Declar</u>	ation						
debar convi false/	est of my knowned from gove cted by a cou incorrect/inelig	are that all the statement wledge and belief. I also ernment (central/state/a rt of law for any offenc gibility being detecte appointment, action ma	declare that (i) utonomous) Orge. In the evented at any	. I have never by anizations. (ii). of any informa time before	peen punished or I have not been tion being found or after the				

Place:

Date: Signature of the candidate

the decision of the Institute. I further declare that I have read the Advt. carefully and I declare that I fulfil all the conditions of eligibility regarding age limit, educational qualifications etc.,

prescribed for the post. I shall abide by the rules & regulations of Institute /ICAR/Govt.