

APPLICATION FORMAT

APPLICATION FOR THE POST OF _____ (Sl. No)

AFFIX SELF
ATTESTED
LATEST
PASSPORT
SIZE
PHOTOGRAPH

1.	Name of the Candidate (In capital letters)	:				
2.	Father's Name	:				
3.	Date of birth (Documentary evidence to be attached)	:				
4.	Age as on date of interview	:				
5.	Marital Status	:				
6.	Whether SC/ST/OBC/PH (Documentary evidence to be attached)	:				
7.	Correspondence Address	:				
8.	Permanent Address	:				
9.	Email Address	:				
10.	Phone No / Mobile No.:	:				
11.	Nationality	:				
12.	Educational 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

13. Whether NET /GATE Qualified : YES / NO
(if YES, Attach certificate)

14. Details of Experience (if any: attach document)

Total years of experience: _____ years, _____ months, _____ days

Organization	Designation	Period		Nature of work done
		Date of Joining	Date of leaving	

15. Name and address of two references:

i.

ii.

Declaration

I hereby declare that all the statements made above are true, complete, and correct to the best of my knowledge and belief. I also declare that (i). I have never been punished or debarred from government (central/state/autonomous) Organizations. (ii). I have not been convicted by a court of law for any offence. In the event of any information being found false/incorrect/ineligibility being detected at any time before or after the interview/selection/appointment, action may be taken against me and I shall be bound by 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.

Place:

Date:

Signature of the candidate