Name of the Post Applied for:								
1.	Name of the candidate (in B	Block letters):						
0	A 1.1 C							
2.	Address for communication:							
	Contact No.:							
	Email ID:							
	Eman ID.							
3.	Permanent Address:							
4	T.1	41- 1-4-1						
4.	Identity proof submitted, wi	th details:						
5.	Eligibility criteria/documen	ts submitted:						
Sl.	Plicibility opitorio	Details		oumont a				
No.	Eligibility criteria	Details		ocument s tached				
INO.			al	iaciicu				
			(Y	res/No)				
i.a)	a) Date of Birth	a)						
	b)Age (Not more than 45	b)years months						
	years as on last date)							

Sl. No.	Educational qualifications		Name of the University/ Institute.	Year Pass		GPA/OGPA/ Percentage obtained.	Documents attached (Yes/No)
6.	Details of previous training/experience(if any):						
Sl.	Area of	Exper	rience details	ails Period		Document	
No.	Experience / Training	Position held (Employe e/ Trainee)	Name of the Institution.		rom – To	Completed Years & Months.	s attached (Yes/No)

Declaration

I hereby declare that I have read the notification for selection of Research Associate (Crop Botany) and the details given above and the supporting documents submitted are true & valid to the best of my knowledge.

Place:	Signature:
Date:	Name:

* * * * *