

APPLICATION FORM

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1. Name of the post applied for :
2. Name of the Project :

3. Name of the candidate (in block letters) :
4. Father's / Husband's Name :
5. Sex : Male / Female
6. Date of Birth (in Christian Era) :
(please attach proof)
7. Age :
8. Marital status : Single / Married
9. Permanent address with contact
Phone / Mobile No. :

10. Correspondence address with contact
Phone / Mobile No. :

11. Educational Qualifications (Attested copies of certificates / mark sheets to be attached
(In chronological order starting from minimum qualification)

Name of the exam passed	Name of the board / university	Class / Division / Percentage	Year of passing	Subject taken

Title of Post Graduate thesis / dissertation:

12. Details of experience (Particulars of all previous and present employment) (Proof may be attached)

Name of the employer	Date of joining	Date of leaving	Nature of duties performed & Designation	Salary last drawn and scale of pay

I hereby declare that all the statements given 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 Organization and ICAR service (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 examination / interview, action may be taken against me and I shall be bound by the decision of the employer.

Place:

Signature of the candidate

Date:

Application not signed by the candidate will be REJECTED.

Certified that the information furnished by the candidate has been verified from the Office / Service record and found correct.

Place:

Signature and stamp

Date: