

ICAR - INDIAN INSTITUTE OF VEGETABLE RESEARCH
P. B. NO. 01, P. O. JAKHINI (SHAHANSHAPUR),
VARANASI – 221 305 (U.P.)

Application for the post of.....in the Division/

Scheme titled

.....
Date of interview / Examination : **30th June 2021**

AFFIX RECENT
PASSPORT SIZE
PHOTOGRAPH
WITH SELF
ATTESTATION

1. Name of the Candidate :
(IN BLOCK LETTERS)
2. Father's Name :
3. Sex :
4. Date of Birth :
5. Marital Status :
6. Permanent Home Address :
7. Category (UR/OBC/SC/ST) :
8. Correspondence Address :
9. Telephone/Mobile No. :
10. Email :
11. Educational Qualifications:

Name of the Exam Passed	Name of Board/ University	Class/ Division	Percentage	Year of passing	Subjects taken
1	2	3	4	5	6

Name of the Exam Passed	Name of Board/ University	Class/ Division	Percentage	Year of passing	Subjects taken
1	2	3	4	5	6

12. Details of Desirable Qualification, if any:

Sl. No.	Qualification acquired	Name of Institute/ University	Year of acquiring	Remarks
1	2	3	4	5

13. Details of experience, if any :

Name of the Employer	Date of Joining	Date of Leaving	Designation & Nature of duties	Scale of Pay and Salary Last Drawn
1	2	3	4	5

13. Any other details:

I hereby declare that all the statements made above & pre-pages 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 appointment under Govt. (Central/State)/ Autonomous organization/ ICAR
- (ii) I have not been convicted by a Court of Law for any offence.

I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligible being detected at any time before or after the selection/ examination/ interview, action may be taken against me and I shall be bound by the decision of the employer.

Place :

Date :

SIGNATURE