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

App	lication for the post of	in the Division/					
Scheme titled							
Date	Date of interview / Examination://						
			AFFIX RECENT PASSPORT SIZE PHOTOGRAPH WITH SELF ATTESTATION				
1.	Name of the Candidate						
1,	(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		Class/ Division	Percentage	Year of passing	Subjects taken
1	2	3	4	5	6

Name of the	Name of Board/	Class/	Percentage	Year of	Subjects taken
Exam Passed	University	Division		passing	
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 :	
24.6	SIGNATURE