

## APPLICATION FORM

AFFEX RECENT  
PASSPORT  
SIZE SIGNED  
PHOTOGRAPH

Name of the project: \_\_\_\_\_

Name of the Post: \_\_\_\_\_

Post code: \_\_\_\_\_

1. Name of the Candidates (Block letters): .....
2. Father's/Husband Name: .....
3. Sex : Male/Female/ Transgender
4. Date of Birth (Please attach documentary proof): .....
5. Age as on 06.02.2026: ..... Year ..... Month ..... Days
6. Marital Status: .....
7. Permanent address: .....
8. Correspondence address.....
9. E-mail Id : ..... Mobile : ..... WhatsApp No:.....
10. Whether SC/ST/OBC/GEN (Documentary evidence to be attached)
11. Nationality:.....
12. Educational Qualification/Technical Qualification:- (Please attach photocopy of related certificates) starting from Matriculation/10<sup>th</sup> & onwards:

| S. No. | Name of the Examination Passed | Subjects | Name of Board / University | Year of Passing | % of Marks / GP/ Division |
|--------|--------------------------------|----------|----------------------------|-----------------|---------------------------|
|        |                                |          |                            |                 |                           |
|        |                                |          |                            |                 |                           |
|        |                                |          |                            |                 |                           |
|        |                                |          |                            |                 |                           |

14. Experience (particulars of all previous and present employment) if any:- (Please attach documentary proof)

| Sr.No. | Name of the Organization | Post/ position held | Period | Emoluments | Remarks |  |
|--------|--------------------------|---------------------|--------|------------|---------|--|
|        |                          |                     |        |            |         |  |
|        |                          |                     |        |            |         |  |

15. Detail of Publications: .....

16. Any other Information: .....

### **DECLARATION:**

I hereby declare that all the statements made above are true, completer 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 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 selection, action may be taken against me and I shall be bound by the decision of the employer. (iii) I, declare that I am **not related to any employee** of the ICAR Institute/Directorate. However, if I am found to be related to any employee, I will immediately provide the name and designation of the individual and disclose the nature of our relationship. I further declare that I have read the Advt. carefully and I declare that I fulfill all the conditions of eligibility regarding age limit, educational qualifications etc., prescribed for the contractual engagement.

Date:  
Place:

Signature of the applicant:  
Name:

**Check List of the documents for the position of as per advertisement:**

| <b>S. No.</b> | <b>Documents required</b>                                     | <b>Enclosed ( Yes/No)</b> |
|---------------|---|---------------------------|
| 1.            | Application form in given Proforma                            |                           |
| 2.            | Copy of 10 <sup>th</sup> standard Marksheets cum Certificate  |                           |
| 3.            | Copy of 12 <sup>th</sup> standard Marksheets cum Certificate  |                           |
| 4.            | Copy of Graduation cum Certificate                            |                           |
| 5.            | Copy of Post Graduation cum Certificate                       |                           |
| 6.            | Copy of NET qualification                                     |                           |
| 7.            | Copy of SC/ST/OBC ( if applicable)                            |                           |
| 8.            | Copy of PWD/Physically Challenged Certificate (if applicable) |                           |
| 9.            | Copy of Experience Certificate (s) - ( if applicable) (       |                           |
| 10            | Copy of Proof of Date of Birth                                |                           |
| 11            | Any other (Please Specify)                                    |                           |