

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 **20 January, 2026**:Year MonthDays
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
13. from Matriculation/10th& onwards:

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

Signature of the applicant:

Place:

Name:

Check List of the documents for the position of Young Professional-I & II as per advertisement:

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