

**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 ..... 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
13. 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, 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:**

<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 Marksheet cum Certificate	
3.	Copy of 12 <sup>th</sup> 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)	