



भाकृअनुप-भारतीय तिलहन अनुसंधान संस्थान
ICAR-Indian Institute of Oilseeds Research

राजेंद्रनगर, हैदराबाद-500 030, तेलंगाना राज्य, भारत
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ISO 9001:2008 Certified Institute



Affix
photograph

APPLICATION FOR THE POST OF YOUNG PROFESSIONAL-I (AG) - WALK-IN-INTERVIEW ON 10-08-2022
PROJECT : “Revival of Sunflower Cultivation” – DAC project, New Delhi.

| | | |
|----|--------------------------------|--|
| 1. | Full Name (in Block letters) | |
| 2. | Father's/Husband Name | |
| 3. | Gender/Marital Status | |
| 4. | Date of birth and age | |
| 5. | Whether SC/ST/OBC | |
| 6. | Postal Address (with PIN Code) | |
| 7. | Phone number & Email Address | |

8.Educational Qualifications

| Sl. No. | Name of Degree | Subject | Board/University | Year of passing | Duration of course (in years) | Grade/ percentage of Marks |
|---------|------------------------------------|---------|------------------|-----------------|-------------------------------|----------------------------|
| i. | 10 th Class | | | | | |
| ii. | 12 th /Higher Secondary | | | | | |
| iii. | Bachelor's Degree | | | | | |
| iv. | Maser's Degree | | | | | |
| v. | Ph.D. | | | | | |
| vi. | NET Exam | | | | | |

(P.T.O)

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9. Work Experience

| S.No. | Designation | Employer | Period of Experience From Date | To Date | No.of Years/Months |
|-------|-------------|----------|-----------------------------------|---------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

10. Any other information:

N.B :In support of evidences for Date of birth, Educational qualification/Technical qualification and Experience attested photocopy of certificates to be enclosed and original should be produced for verification.

DECLARATION BY THE APPLICANT

I hereby declare that all the particulars furnished above are correct. I also declare that (i) have never been punished or debarred from Government (Central/State)/autonomous organizations/ICAR and (ii) I have not been convicted by a court of laws for any offence. In the event of any information being found false/incorrect/ineligible being detected at any time before or after the appointment, action may be taken against me and I shall be bound by the decision of the employer.

Signature of the Candidate

Place :

Date :