

**FORMAT OF APPLICATION**  
**ICAR-INDIAN INSTITUTE OF OILSEEDS RESEARCH**  
**RAJENDRANAGAR, HYDERABAD-5000 30**

**Affix  
Photograph**

**APPLICATION FOR THE POST OF :            YOUNG PROFESSIONAL- (Administration/Stores/Finance)**

|        |   |                  |                 |  |          |
|--------|---|------------------|-----------------|--|----------|
| 1.     | Name in full (In Block letters)   |                  |                 |  |          |
| 2.     | Father's/Husband's Name   |                  |                 |  |          |
| 3.     | Nationality   |                  |                 |  |          |
| 4.     | Date of Birth   |                  |                 |  |          |
| 5.     | Age(as on closing date for submission of application)   |                  |                 |  |          |
| 6.     | Sex (Male/Female)   |                  |                 |  |          |
| 7.     | Present Address   |                  |                 |  |          |
| 8.     | Corresponding postal address with Mobile Number   |                  |                 |  |          |
| 9.     | Whether belongs to SC/ST/OBC/PH/Ex-Serviceman (If yes, state name of Caste & enclosed attested copy of the caste certificate from a Gazetted Officer) |                  |                 |  |          |
| 10.    | Educational Qualifications  |                  |                 |  |          |
| Sl.No. | Name of the Examination   | University/Board | Year of passing | Grade/Division & % of marks in aggregate | Subjects |
|        |   |                  |                 |  |          |
|        |   |                  |                 |  |          |
|        |   |                  |                 |  |          |
|        |   |                  |                 |  |          |
|        |   |                  |                 |  |          |

**11. Details of Experience, if any (Particulars of all previous and present employment)**

| Sl.No. | Organization | Post held | Period |    | Scale of pay/Consolidated pay | Nature of duties performed |
|--------|--------------|-----------|--------|----|-------------------------------|----------------------------|
|        |              |           | From   | To |                               |                            |
|        |              |           |        |    |                               |                            |
|        |              |           |        |    |                               |                            |
|        |              |           |        |    |                               |                            |
|        |              |           |        |    |                               |                            |
|        |              |           |        |    |                               |                            |

**(PTO)**

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**12. Any other relevant information:**

I hereby declare that all the particulars furnished above are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after interview/selection, my candidature is liable rejected. I shall be bound by the decision of the Director, ICAR-IIOR, Hyderabad.

**Signature of the Candidate**

Date: