

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

Affix
Photograph

APPLICATION FOR THE POST OF YOUNG PROFESSIONAL- I (Section _____)

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/ExServiceman (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		

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: