ICAR - CENTRAL INSTITUTE FOR SUBTROPICAL HORTICULURE REHMANKHERA, KAKORI-226101, LUCKNOW

Name of the project:

Naı	ne of the Post:	Passport size photograph to be pasted here		
Pos	t Code:			
1.	Name of the Candidate (IN BLOCK			
	LETTERS)	:		
2.	Father's/Husband Name	:		
3.	Sex	:		
4.	Date of Birth (Please attach documentary proof)	:		
5.	Age	:YearMonth.	Days	
6.	Marital Status	:		
7.	Permanent Home Address	:		
8.	Correspondence Address	:		
9.	Telephone/Mobile No.	:		
10.	Email	:		
11.	Whether SC/ST/OBC (Documentary e	evidence to be attached)		
12.	Nationality	:		
13.	Educational Qualifications/Technical Qualification (Please attach photocopy of related certificates) starting from Matriculation/10th & onwards:			

S.No.	Name of the Examination Passed	Subject/Stream	Name of Board/ University	Year of passing	% of Marks /GP /Division
1	2	3	4	5	6
1.	High School				
2.	Intermediate (10+2)				
3.	Graduation				

4.	Post-Graduation				
5.	Ph.D.				
14. Details of Desirable Qualification, if any:					
Sl. No.	Qualification acquired	Name of Institute/ Universit	y Year of acquiring	Remarks	
1	2	3	4	5	

15. Details of experience, if any (Please attach Documentary proof)

S.No.	Name of the Organization	Post/position held	Period	Emoluments	Remarks
1	2	3	4	5	6

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16	Whether the candid	late is NET qualified o	r not (If ves inlease at	ttach the relevant cert	ificate):

- **17.** Detail of Publications:
- **18.** Any other details:

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 appointment under Govt. (Central/State)/ Autonomous organization/ ICAR
- (ii) I have not been convicted by a Court of Law for any offence.

I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligible being detected at any time before or after the selection/ examination/ interview, action may be taken against me and I shall be bound by the decision of the employer.

Place:	
Date:	Signature of the Applicant:
	218114411 01 1110 1 1pp 110 4111