

APPLICATION FORMAT**ICAR - CENTRAL INSTITUTE FOR SUBTROPICAL HORTICULTURE****REGIONAL RESEARCH STATION, MALDA (WEST BENGAL)**

Name of the project: _____

Name of the Post: _____

Post Code: _____

Passport size photograph to be pasted here
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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 :Year.....MonthDays
6. Marital Status :
7. Permanent Home Address :
8. Correspondence Address :
9. Telephone/Mobile No. :
10. Email :
11. Whether SC/ST/OBC (Documentary 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/ University	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

16. Whether the candidate is NET qualified or not (If yes, please attach the relevant certificate):

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:.....