AFFEX RECENT PASSPORT SIZE SIGNED PHOTOGRAPH

APPLICATION FORM

Name of the project:_____

Name of the Post: _____

Post code:_____

1. Name of the Candidates (Block letters): …….
2. Father's/Husband Name: ……..…….....
3. Sex : Male/Female/ Transgender
4. Date of Birth (Please attach documentary proof): …….
5. Age as on **_20.11.2025_**: ……...Year …….…… Month ……..….Days
6. Marital Status: ……
7. Permanent address: ……..……
8. Correspondence address……..……..
9. E-mail Id : ……. Mobile :……..... WhatsApp No:…….
10. Whether SC/ST/OBC/GEN (Documentary evidence to be attached)
11. Nationality:…….
12. Educational Qualification/Technical Qualification:- (Please attach photocopy of related certificates) starting
13. from Matriculation/10th& onwards:

S. No.	Name of the Examination Passed	Subjects	Name of Board / University	Year of Passing	% of Marks / GP/ Division

14. Experience (particulars of all previous and present employment) if any:- (Please attach documentary proof)

Sr.No.	Name of the Organization	Post/ position held	Period	Emoluments	Remarks	

15. Detail of Publications: ……..
16. Any other Information: …….

DECLARATION:

I hereby declare that all the statements made above are true, completer and correct to the best of my knowledge and belief. I also declare that (i) I have never been punished or debarred from government (Central/State) autonomous Organizations and ICAR service; (ii) I have not been convicted by a court of law for any offence. In the event of any information being found false/ incorrect/ ineligibility being detected at any time before or after selection, action may be taken against me and I shall be bound by the decision of the employer. (iii) I, declare that I am **not related to any employee** of the ICAR Institute/Directorate. However, if I am found to be related to any employee, I will immediately provide the name and designation of the individual and disclose the nature of our relationship. I further declare that I have read the Advt. carefully and I declare that I fulfill all the conditions of eligibility regarding age limit, educational qualifications etc., prescribed for the contractual engagement.

Date: Signature of the applicant:

Place: Name:

Check List of the documents for the position of Young Professional-I & II as per advertisement:

S. No.	Documents required	Enclosed (Yes/No)
1.	Application form in given Proforma	
2.	Copy of 10th standard Marksheet cum Certificate	
3.	Copy of 12th standard Marksheet cum Certificate	
4.	Copy of Graduation cum Certificate	
5.	Copy of Post Graduation cum Certificate	
6.	Copy of NET qualification	
7.	Copy of SC/ST/OBC (if applicable)	
8.	Copy of PWD/Physically Challenged Certificate (if applicable)	
9.	Copy of Experience Certificate (s) - (if applicable) (	
10	Copy of Proof of Date of Birth	
11	Any other (Please Specify)	