ICAR - CENTRAL INSTITUTE FOR SUBTROPICAL HORTICULURE

REHMANKHERA, KAKORI-226101, LUCKNOW

Nam	ne of the project:		-		Passport size photograph to be pasted here
- Nam	ne of the Post:		-		
D4	. Cada				
POSI	: 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	:	Year	Month	Days
6.	Marital Status	:			
7.	Permanent Home Address	:			
8.	Correspondence Address	:			
9.	Telephone/Mobile No.	:			
10.	Email	:			
11.	Whether SC/ST/OBC (Documentary ev	vidence to be atta	iched)		
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)

Name of the Organization	Post/position held	Period	Emoluments	Remarks
2	3	4	5	6
	Name of the Organization 2	Name of the Organization Post/position held 2 3	Name of the Organization Post/position held Period 2 3 4	Name of the Organization Post/position held Period Emoluments 2 3 4 5

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