ADVT. NO.05/2018/ESTT-II

APPLICATION FORMAT

Item / Sl. No. _____ Dr. Sudha Mysore, CEO, BESST Horti.

APPLICATION FOR THE POST OF: _____

AFFIX RECENT PASSPORT SIZE PHOTOGRAPH

1. Name of the Candidate **::**
   (In capital letters)
2. Father's /Husband's name **::**
3. Sex **::** Male / Female
4. Date of Birth **::**
   (Documentary evidence to be attached)
5. Age as on Closing date of Advertisement **::**
6. Marital Status **::**
7. Correspondence Address with **::**
   (Contact No & email address)
8. Permanent Address **::**
9. Whether SC/ ST/OBC **::**
   (Documentary evidence to be attached)
10. Nationality **::**
11. Educational Qualifications ::

Name of the Exam.	Name of Board/ University	Class/ Division	Percentage	Year of passing	Subjects taken
1	2	3	4	5	6

12. Details of Experience (if employed: attach documentary support):

Name of the Employer	Designation	Pay scale & salary Drawn per	Nature of employment Temp./Q.P./ Permanent	Date of joining	Date of leaving
1	2	3	4	5	6

13. List of Publications (in a referred journals only; attach only first page of the publication):

a. NAAS rating above 6.00
   A. As a first author

   B. As a subsequent author

b. NAAS rating below 6.00
   A. As a first author

   B. As a subsequent author

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 the (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 the Examination/Interview, action may be taken against me and I shall be bound by the decision of the employer. I further declare that I have read the Advt. Carefully and I declare that I fulfil all the conditions of eligibility regarding age limit, educational qualifications etc., prescribed for the post.

Place: **Signature of the candidate**
Date:

*****Application not signed by the candidate will be rejected.

NOTE: Candidates who can join duty within Fifteen Days of the date of issue of appointment order only need apply.

NO OBJECTION CERTIFICATE (For those who are working in the ICAR-IIHR)

This is to certify that Mr/Mrs/Dr._____ is presently engaged as _____ under the Project / Scheme _____ at this Institute. I have 'No Objection" for forwarding the application for the post applied by him / her.

Name of the PI Signature with date

Name of the Project

Check list for the application to be sent:

1. Application form.
2. SSLC marks card/ Date of birth certificate proof.
3. SC/ST/OBC certificate if any.
4. Degree certificates and Marks cards.
5. First page of the publications if any.