|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ICAR-Indian Institute Of Maize Research**  **PAU Campus, Ludhiana-141004** | | | | | | | | Latest Passport Size photograph | | | |
| **Application for the post of S.No (s).** | | | | | | | |
| 1. | Full Name in Block Letters | | |  | | | | | | |
| 2. | Father / Husband Name | | |  | | | | | | |
| 3. | Sex | | | Male / Female | | | | | | |
| 4. | Date of Birth and Age  as on date of walk-in-Interview | | | D.O.B.: Age : years | | | | | | |
| 5. | Category (Gen/SC/ST/OBC/PH) | | |  | | | | | | |
| 6. | Address for Communication with PIN Code | | |  | | | | | | |
| Contact No. | | | Mobile No : | | | | | | |
| E-mail | | |  | | | | | | |
| 7. | Educational Qualifications (from Highest degree onwards)  Attach self-attested photo copies – Submission of Original documents is mandatory for verification in case of selection | | | | | | | | | |
| Qualifications | | Board / Univ. | | | Division | | | % of Marks | |
| (a) | |  | | |  | | |  | |
| (b) | |  | | |  | | |  | |
| (c) | |  | | |  | | |  | |
| (d) | |  | | |  | | |  | |
| 8. | Experience  (Submission of Original documents is mandatory in case of selection) | | | | | | | | | |
| Name of the Organization | | | | Designation | | Period | | | |
| Years / Months | | | |
| (a) |  | | |  | |  | | |  |
| (b) |  | | |  | |  | | |  |
| (c) |  | | |  | |  | | |  |
| Total Experiences | | | | | |  | | |  |
| 9. | Other Information, if any | | |  | | | | | | |

**UNDER TAKING**

I do hereby declare and certify that the information furnished in the application are correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect / incomplete or ineligibility being detected at any time before or after the test / selection, my candidature is liable to be rejected/ cancelled without notice. I shall be bound by the decision of Director, ICAR-IIMR, Ludhiana.

I also hereby declare that none of my near or distant relative of Mr/Miss/Mrs/Dr\_\_\_\_\_\_\_\_\_\_\_\_ is an employee of the ICAR-IIMR. If found otherwise and in the event of non declaring the same as prescribed in the advertisement, my candidature to the interview and my selection to the post be cancelled or Mr/Miss/Mrs/Dr\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_Name of the Institute/HQ\_\_\_\_\_\_\_\_\_\_\_is my close relative viz Mother/Father/Brother/Sister/\_\_\_\_\_\_\_ etc.

Place: Date :

Candidate Signature \_ Name