ICAR INDIAN ISTITUTE OF OILSEEDS RESEARCH RAJENDRANAGR, HYDERABAD – 500 030

PLEASE	FIX	PHOTOGRAPH
HERE		

Application form for the post of Senior Research Fellow (One) under DAC Project Revival of Sunflower Cultivation

1.	Full Name (in Block letters)	
2.	Father's/Husband Name	
3.	Gender/Marital Status	
4.	Date of birth and age	
5.	Whether SC/ST/OBC	
6.	Postal Address (with PIN Code)	
7.	Phone number & Email Address	

8. Educational Qualifications

SI. No.	Name of Degree	Subject	Board/University	Year of passing	Duration of course (in years)	Grade/ percentage of Marks
i.	10 th Class					
ii.	12 th /Higher Secondary					
iii.	Bachelor's Degree					
iv.	Maser's Degree					
V.	Ph.D.					
vi.	NET Exam					

9. Work Experience

Designation	Employer	Period of		No.of
		Experience		Years/Months
		From Date	To Date	
	Designation	Designation Employer	Experience	Experience

10. Any other information:

N.B: In support of evidences for Date of birth, Educational qualification/Technical qualification and Experience attested photocopy of certificates to be enclosed and original should be produced for verification.

DECLARATION BY THE APPLICANT

I hereby declare that all the particulars furnished above are correct. I also declare that (i) have never been punished or debarred from Government (Central/State)/autonomous organizations/ICAR and (ii) I have not been convicted by a court of laws for any offence. In the event of any information being found false/incorrect/ineligible being detected at any time before or after the appointment, action may be taken against me and I shall be bound by the decision of the employer.

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Place : Date :

ICAR INDIAN ISTITUTE OF OILSEEDS RESEARCH RAJENDRANAGR, HYDERABAD – 500 030

PLEASE	FIX	PHOTOGRAPH
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Application form for the post of Young Professional – I (One) under DAC Project Revival of Sunflower Cultivation

1.	Full Name (in Block letters)	
2.	Father's/Husband Name	
3.	Gender/Marital Status	
4.	Date of birth and age	
5.	Whether SC/ST/OBC	
6.	Postal Address (with PIN Code)	
7.	Phone number & Email Address	

8. Educational Qualifications

SI. No.	Name of Degree	Subject	Board/University	Year of passing	Duration of course (in years)	Grade/ percentage of Marks
i.	10 th Class					
ii.	12 th /Higher Secondary					
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iv.	Maser's Degree					
V.	Ph.D.					
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9. Work Experience

Designation	Employer	Period of		No.of
		Experience		Years/Months
		From Date	To Date	
	Designation	Designation Employer	Experience	Experience

10. Any other information:

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Place : Date :