

13. Professional/Technical Qualification :- _____

14. Experience:-

Sr. No.	Name of employer with phone No., email, if any.	Period From to	Designation	Pay Scale/ Pay	Nature of duties	NOC given by Employer (copy to be attached).

15. Declaration by the candidate

Shri/Smt/Dr....., designation.....is in the service of ICAR/ICAR-CIRG, Makhdoom, He/she is related to me. He/she is my..... in relation.

I solemnly declare that the statement made by me in this form is correct to the best of my knowledge and belief.

Signature of Candidate

Dated:

Place:

List of enclosures: