**Tel: 05644-260154/7597004107**

**Website :** [**http://drmr.res.in**](http://drmr.res.in)

**Email** [director.drmr@gmail.com](mailto:director.drmr@gmail.com), [director.drmr@icar.gov.in](mailto:director.drmr@icar.gov.in)

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| icarlogo1 | | | Hkk-Ñ-vuq-i-&ljlksa vuqla/kku funs”kky;]ICAR-DIRECTORATE OF RAPESEED-MUSTARD RESEARCH,Hkjriqj 321 303 ¼jktLFkku½BHARATPUR - 321 303 (RAJ.) **(An ISO 9001-2008 Certified Organization)** | | | | logo-DRMR | |
| **Senior Research Fellow (SRF) (01)- One under “Collaborative project of ICAR-DRMR and Department of Agriculture, Govt. of Assam on “Assessment and transfer of improved production technology of rapeseed-mustard through frontline demonstrations (FLDs) and other extension activities in Assam”.** | | | | | Recent passport size photograph | |
| **1.** | Name of the Candidate (in Block Letters) | |  | | | |
| **2.** | Father’s / Mother’s / Spouse Name | |  | | | |
| **3.** | Gender (Male / Female / Others) | |  | | | |
| **4.** | Marital Status | |  | | | |
| **5.** | Date of Birth (DD-MM-YYYY) | |  | | | |
| **6.** | Age | |  | | | |
| **7.** | Are you a citizen of India by birth/domicile? | |  | | | |
| **8.** | Category (SC/ST/OBC/Divyang/UR) | |  | | | |
| **9.** | Postal address for correspondence with PIN code | |  | | | |
| **10.** | Permanent Address with PIN code | |  | | | |
| **11** | **Knowledge of Assamese language (Yes/No)** | |  | | | |
| **12.** | Contact Details | | Mobile No. |  | | |
| E-mail ID |  | | |

1. Educational Qualification :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examination passed** | **Institute/ University** | **Year of Passing** | **Main subject** | **Class/**  **Division/ Grade** | **% of**  **marks obtained** |
| M.Sc.(Agril) |  |  |  |  |  |
| B.Sc.(Agril) |  |  |  |  |  |
| Sr. Secondary |  |  |  |  |  |
| Secondary |  |  |  |  |  |
| Diploma In Computer Science |  |  |  |  |  |

1. Whether NET Qualified (Please tick): YES/NO (If YES, please attach scan copy of certificate)

√

1. Whether registered for higher degree: YES/NO

√

* 1. (If YES whether Full time/Part time)
  2. University & Department

1. Experience, if any

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employer** | **Designation** | **Period** | | **Length (Years/Months)** | **Nature of duties/ area of specialization etc.** | **Salary drawn (Rs.)** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**16 .** Any other relevant information (Details of Special achievements, Awards, Trainings, Publications etc.)

I hereby declare that all particulars in this form are correct and true to the best of my knowledge & belief and nothing has been concealed therein. I shall bring the original degrees, certificates, other documents in support of the above information for verification at the time of test/interview.

**SIGNATURE OF THE CANDIDATE**