**ICAR - Central Research Institute for Dryland Agriculture**

**Santoshnagar, Saidabad PO, Hyderabad - 500 059 (Telangana)**

Application

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post for which applied for | | | | : |  | | Affix recent passport size photograph | |
| Discipline | | | | : |  | |
|  |  | | |  |  | |
|  | Name of the Candidate  (in Block Letters) | | | : |  | | | |
|  | Father’s/Husband’s Name | | | : |  | | | |
|  | Date of birth and age as on date of walk-in-interview | | | : |  | | | |
|  | Address for Correspondence  with PIN code | | | : |  | | | |
|  | Telephone / Mobile number | | | : |  | | | |
|  | E-mail address (in block letters) | | | : |  | | | |
|  | Educational Qualifications (Graduation onwards): | | | | | | | |
| **Degree** | | **University** | **Subjects** | | | **Percentage of marks** | | **Year of Passing** |
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| --- | --- | --- | --- | --- |
|  | Details of relevant experience and period in years | : |  | |
|  | Publications, if any | : |  | |
|  | Participation in Seminars /  Symposia/Workshops, etc | : |  | |
|  | Trainings obtained, if any | : |  | |
| Date: | | | | Signature of the Candidate |

***(Please attach a set of attested copies of certificates to this application)***