## APPLICATION FOR THE POST OF MULTI-TASKING STAFF AT ICAR-CRIDA, HYDERABAD ON INTER-INSTITUTIONAL TRANSFER

(to be filled by the candidate in his own handwriting)

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1.	Name of the Candi	date (in block letters)			
2.	Date of Birth			<b>y</b>	
3.	Whether belongs to SC/ST/OBC/EWS/P enclose self-atteste certificate(s)	WD? If yes, please			
4	Name of the ICAR : serving and place of	•			
5	1	y scale of the post of n ICAR Institute/Hqrs. appointment			
6	Designation and pay scale of the post currently held along with date of appointment				
7.	Mobile No. and official Email ID				
8.	Whether Permanent/Temporary?			w	
9.	Date of clearance o and confirmation in	•			
10. E	ducational qualificati	ions	<del></del>		
Exan	n Passed	Board/University	Year of passing	Subjects	Percentage of marks
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11. T	echnical qualification	ıs			
Exam Passed		Institution/ Board/University	Year of passing	Subjects	Percentage of marks

12.	Brief particulars	of service since j	oining ICAR								
Nam	ne of the Institute	Post held	Pay Band &	Period		Nature of duties					
			Grade Pay /	From	То						
			Pay Level								
			The state of the s								
f											
		411111111									
13	13 Ground on which transfer has been										
	sought	transier nas bed									
		NAME OF THE PARTY		·····							
14.	Any other informa		the								
	service of the em	pioyee:									
1					***************************************						
			<u>DECLARAT</u>	ON							
			DECLARATI	<u>ON</u>							
I	cation are true	complete and e	, do hereby	declare that	all the state	ements made in this					
appii	cation are true, o	ompiete and th	orrect to the bes	st of my know	wieuge and	Deller.					
Date	:		Signature of the employee								
			ن بن بن بن بن بن بن بن بن من سد سد سد سد سد سد سد سد سد است								
(For Office Use)											
It is	certified that:										
The above particulars furnished by the candidate have been verified from the office/service records and found correct.											
				Signat	ure & sea	I of Head of Office					
Date	<b>u</b>										