Application for the post of Senior Research Fellow/Research Associate

(pls indicate whichever is applicable)

Name of the Project:

(pls refer to advt in www.plantauthority.gov.in)

- 1. Name(in block letters):
- 2. Father's Name:
- 3. Mother's Name:
- 4. Date of Birth: -----(DD/MM/YYYY
- Age as on 21st March, 2022: -----(days)-----(month)-----(years)
 If age relaxation is sought, pls indicate category/reasons
- 6. Permanent Address:
- 7. Address for correspondence:

E mail:

Phone:

- 8. Languages Proficient:
- 9. Educational Qualification(from secondary onwards) Class X/Secondary onwards

Degree/Certificate/	Board/University	Year of	% of Marks/	Subjects/
Exam		Completion	% of Marks/ CGPA/OGPA	Specialisation

10. ICAR / UGC/CSIR/ others / NET Qualification (mention year as well):

11. Academic/Research Experiences:

a)M Sc. dissertation topic:

b)Ph D Research Topic:

Brief achievements:

12. Research work / Project Experiences, if any:

Name of the	Designation	Duration	Job Responsibilities
Organisation/	_	(FromTo)	
Institute/University		DD/MM/YY	

Recent passport size photograph (self attested)

13. Skills obtained:

a) Laboratory and Field:

- b) Computer, Database, Software:
- c) Any other:
- 14. Other Achievements, if any:
- 15. Professional/Academic memberships, if any:
- 16. Publications (list of best of 5 to be added, if any):

Sl No	Research Paper	Journal/Volume/ Edition	Impact Factor
No		Edition	Factor

17. References(name, contact, email and phone number of two referees, if applicable)

Sl	Name of the Referee, Designation/Affiliation, Contact	Relation with the
No		applicant
1		
2		

18. If employed currently, attach NOC from the present employer: Yes/No

19. Declaration:

a)I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect/incomplete or ineligibility being detected at any time before OR after interview/selection, my candidature is liable to be rejected/terminated and I shall be bound by the decision of the PPV&FR Authority.

b)I hereby declare that I do not have any near/distant family relations with any employee/staff/officer of PPV&FRA.

If yes, give the name, designation, nature of duties and relationship of the person with the applicant.