ICAR – NATIONAL RESEARCH CENTRE FOR GRAPES  
Post Bag No. 3 Manjri Farm Post Solapur Road, PUNE – 412 307.

APPLICATION FOR THE POST OF: SRF / RA / PA / YP-I / YP II / AA

1. Full Name (in Block Letters) :  
2. Father’s / Husband Name :  
3. Gender / Marital Status :  
4. Date of Birth and age as on date of Interview :  
5. Postal Address (with PIN Code) :  
   Mobile No. :  
   Email Address :  

6. Educational Qualifications (starting from the most recent)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of Degree</th>
<th>Subject</th>
<th>Board/University</th>
<th>Year of passing</th>
<th>Duration of Course (in years)</th>
<th>Grade/ percentage of Marks</th>
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</thead>
<tbody>
<tr>
<td>i.</td>
<td>10th Class.</td>
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<td>ii.</td>
<td>12th /Higher Secondary</td>
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<td>iii.</td>
<td>Bachelor’s Degree</td>
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<td>iv.</td>
<td>Master’s Degree</td>
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<td>v.</td>
<td>Ph.D.</td>
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| vi.     | Are you NET Qualified? | Yes / No | (As per ICAR OM No. F. No. April Edn. 06.27.2014 HRD dated: 9th October, 2015) | If yes, which of the following: [✓]  
- CSIR- CSIR-UGC National Eligibility Test  
- MHRD-Graduate Aptitude Test in engineering admission.  
- DBT-Biotechnology Eligibility Test &Test conducted in Bioinformatics by Bioinformatics National Consortium.  
- DAE-JEST & JGEEBILS, NBHM  
- ICMR-JRF Entrance Examination  
- ICAR-Test conducted by ICAR for admission to Ph.D. programme.  
- DOP-GPAT |
7. Work Experience (Starting from the most recent)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Designation</th>
<th>Employer</th>
<th>Period of Experience</th>
<th>No. of Years/ Months</th>
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<td>From Date</td>
<td>To Date</td>
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<td>4.</td>
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8. Trainings relevant to the post applied :

9. Publications (Numbers only) :
   1. Published papers in journals :
   2. Chapters published in Books :
   3. Books Published:

10. Awards (if any) :

11. No Objection Certificate from the present employer (if employed) :

12. Any other information :

N.B: In support of evidence for date of birth, educational Qualification / Technical qualification and Experience attested photocopy of certificates to be enclosed and original should be produced for verification.

**DECLARATION BY THE APPLICANT**

I hereby declare that all the particulars furnished above are correct. I understand that my association direct or indirect with any unlawful organization is forbidden. I am aware that any incorrect information may lead to cancellation of my selection. If selected, I promise to abide by the rules and regulations of the Institute.

Date: ____________________________
Place: ____________________________
Signature of the Applicant ____________________________