APPLICATION FORM

Na	me of the Project	:							
Ca	tegory: General/So	C/ST/OBC/Physic	cally Handicapped, pleas	e indicate					
1.	Name of the	applicant:			fix a recent passport				
	A. Present Po	ostal Address wit	h Pin Code		size photograph				
			tial Address with Pin Co						
	Phone								
	e-mai	!							
		•	on for undertaking the Jo	•					
2.	Date of birth		Age in years _						
3.	If belonging to S photo copy of the	SC/ST/OBC, state original caste c	te name of the Caste/Tr ertificate issued by com	ibe petent authorities n	nay be attached.				
4.	(a) Acade	Academic Achievements:							
	Examination Passed	Year	University	Subject	Percentage of marks obtained				
	Higher Secondary								
	Bachelorøs Degree								
	Masterøs Degree								

(b) Creative Achievement (State briefly your bio data as research worker/giving details of research papers, participation in Seminar, Symposium, Conference, etc.). Furnish this information in a separate sheet.

	Phone Number of the onials obtained from	ree referees sho any two referee	s:	tiven below. Also atta
Conservation & Research 2. Name, Address and separately testime 1. 2.	Phone Number of the	ree referees sho	_	
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	h (attach a separate sheet,	, ·		terest in the field of Wild
			on self in	
ine certificates, if any)				
 Extracurricular activit the certificates, if any) 	,	ven in a separat	e sheet a	nd attach attested copy
. Seminar/Symposium/V	Workshop/Conference a	ittended.		
	,	•	sheet.	
•	, title of the publication osed). Details may be gi	•		nal, etc., may be indicat
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Candidata passad LICO	C/CSIR/ICAR NET sho	uld provide dete	;1 _e	•
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Name of the Employer	Position held	Period From	I To	Emoluments per mont
. Employment held so fa	ar (up to date):			
		From	To	