

## Application for the post of Young Professional-II

1. Full Name in Block Letters:
2. Father / Husband Name:
3. Gender/Sex:
4. Date of Birth and age as on closing date of application (attach the proof):
5. Address for Communication with PIN Code:
6. Mobile No:
7. E-mail:
8. Details of Education Qualification from 10th onwards (Attach self-attested copies of certificate)

Qualifications	Board / Univ.	Specialization as per the education qualification certificate	Division	% of Marks	Proof (attachment -page no.)
1. 10 <sup>th</sup>					
2. 10+2					
3. Bachelor Degree					
4. Master Degree					
5. Doctoral Degree					
6. Any other					

If required, add more row and column

9. Experience (Attach self-attested copies of certificate)

Name of the Organization	Designation	Joining date with month and year	Relieving date with month and year	Period		Proof (attachment -page no.)
				Years	Months	

If required, add more row and column

10. Publication (Attach the proof-1<sup>st</sup> page)

Authors details	Title	Journal name	NAAS rating	Proof (attachment -page no.)


If required, add more row and column

**11. Award/Fellowship/Scholarship (Attach self-attested copies of certificate)**

Name of the award	Agency	Year	Proof (attachment -page no.)

If required, add more row and column

**12. Are you qualified in NET exam?**

**YES/NO, IF YES, PLEASE MENTION DECIPLINE AND ATTACH THE PROOF FOR THE SAME**

**13. Other information, if any**

**UNDER TAKING**

I do hereby declare and certify that the information furnished in the application are correct and true to thebest of my knowledge and belief. I understand and agree that in the event of any information being found false orincorrect / incomplete or ineligibility being detected at any time before or after the interview / selection, my candidatureis liable to be rejected/ cancelled without notice. I shall be bound by the decision of Dean, College of Fisheries, GADVASU, Ludhiana, Punjab.

Place: \_\_\_\_\_

Candidate Signature \_\_\_\_\_

Date : \_\_\_\_\_

Name \_\_\_\_\_

ANNEXURE-I

I      Sh./Ms./Mrs..... s/o,d/o  
Sh..... will comply with the Official Secrets  
Act, 1923, as amended from time to time and will not disclose any information/data acquired  
by me during my engagement to any unauthorised person(s). I will not, except with the prior  
sanction/approval of competent authority in the ICAR, or in the bona fide discharge of my  
duties, publish a book or a compilation of articles or participate in media broadcast or contribute  
an article or write a letter to any newspaper(s) or periodical(s) either in my own name or  
anonymously or pseudonymously in the name of any other person if such book, article,  
broadcast or letter relates to subject matter pertaining to official business of ICAR.

Signature.....  
Name.....  
Address.....  
.....  
.....  
Mob.....  
Email.....