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| icarlogo1 | भा.कृ.अनुप-**सरसों** **अनुसंधान** **निदेशालय****ICAR-Directorate of Rapeseed-Mustard Research**सेवर, भरतपुर-321303 (राजस्थान)Sewar, Bharatpur-321303 (Rajasthan)**Tel: 05644-260379/ 261725(O); Fax: 05644-260565** | drmr_logo_corel12-2-Bhagirath |

**APPLICATION FORM FOR THE POST OF ACCOUNTANT**

Recent

passport

size

photograph

ENGAGEMENT OF ACCOUNTANT FOR THE PROJECT "CONSULTING SERVICES FOR TECHNICAL ADVISORY SUPPORT ON AUGMENTING RAPESEED-MUSTARD PRODUCTION OF ASSAM FARMERS FOR SUSTAINABLE LIVELIHOOD SECURITY" FUNDED BY WORLD BANK THROUGH ASSAM AGRIBUSINESS AND RURAL TRANSFORMATION PROJECT (APART).

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Candidate (in Block Letters)  |  |
| 2. | Father’s / Mother’s / Spouse Name  |  |
| 3. | Gender (Male / Female / Others) |  |
| 4. | Marital Status |  |
| 5. | Date of Birth (DD-MM-YYYY) |  |
| 6. | Age |  |
| 7. | Are you a citizen of India by birth/domicile?  |  |
| 8. | Category (SC/ST/OBC/Divyang/UR) |  |
| 9. | Postal address for correspondence with PIN code |  |
| 10. | Permanent Address with PIN code |  |
| 11. | Contact Details  | Mobile No. |  |
| E-mail ID  |  |

**12. Educational/ Professional qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Examination passed** | **Board/University/Institute** | **Year of Passing** | **Major Subjects** | **Percentage** |
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**13. Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Designation** | **Organization** | **Duration** |
| **From****(DD/MM/YY)** | **To****(DD/MM/YY)** |
|
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 14. Total years of experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 15. Languages known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Please attach scan copies of following documents with this form:

1. Educational/Professionals Certificates
2. 10th Certificate/Birth Certificate
3. Work Experience Certificates
4. PAN Card
5. Aadhar Card

I hereby declare that all particulars in this form are correct and true to the best of my knowledge & belief and nothing has been concealed therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME &SIGNATURE OF THE APPLICANT

PLACE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_