

## ICAR-SUGARCANE BREEDING INSTITUTE Coimbatore-641 007



Affix your passport size photograph

<b>Application for the Position of</b>	•	SEMISKILLED WORKER
Application for the Losition of	•	

NAME	:	
GENDER	:	
FATHER'S NAME	:	
DATE OF BIRTH	:	
AGE (as on )	:	
Community (SC/ST/OBC)	:	

## Educational Qualification:

Graduation/Subject	Institution	University	Percentage	Duration
B.Sc/B.Tech (specialization)				
HSC				
SSLC				

## Work Experience:

S.No	Organization	Designation	Period	Total Year

Other Technical Qualifications (if any):	:	
	:	

Address for the communication	:	
E-Mail ID	:	
Mobile Number / WhatsApp Number	:	

## **DECLARATION**

I hereby confirm that the details given above are true to my knowledge and belief.

Date: Place:

Signature

<sup>\*</sup>Self-attested copies of necessary certificates (Education, experience, etc.) need to be attached as proofs appropriately.

<sup>\*</sup> In case age relaxation is claimed, appropriate community certificate has to be enclosed.