



**ICAR- INDIAN INSTITUTE OF RICE RESEARCH**  
**(Formerly Directorate of Rice Research)**  
Rajendranagar, Hyderabad – 30: Telangana  
Phone No's: 040-24591216, 24591218



**APPLICATION FORM**

**POST NAME & FUNCTIONAL GROUP:**

1.	Name of the candidates (In Block Letters)		
2.	Name of the Institute where the candidate is working		
3.	(a) Postal Address		
	(b) Mobile No.		
	(c) E- Mail id		
4.	(a) Date of initial appointment on DR		
	(b) Name of the DR post & pay scale		
	(c) Functional Group		
	(d) Present Post & Pay Scale		
5.	Date of Birth		
6.	Sex (M/F)		
7.	Whether belongs to SC/ST/OBC, (attach the self attested copy of the certificate in case SC/ST/OBC)		

8. Grounds on which transfer sought (Tick mark as applicable) (supporting documents to be enclosed)

a) Medical Grounds

b) Spouse Grounds

c) Two years before superannuation

d) Length of Service in difficult areas

e) Others (Give details)

9. Educational Qualification given details of examination passed as Matriculate and onwards

Examination passed	Board/University	Year of passing	Subjects	% of Marks

10. Details of Technical/other qualification, if any

11. Service Details:

Name of the Institute	Post Held	Scale of pay	Period		Nature of duties performed

I do hereby declare and certify that the information furnished above is correct and true the best of my knowledge and belief.

Signature of the candidate  
With date

Certified that the above information furnished by the candidate has been verified with the service records and found correct and is free from vigilance angle and no disciplinary case is either pending or contemplated against him/her.

Signature of Head of Administration  
With seal