

APPLICATION FORM FOR ICAR-NTS/ VCI/ NON-JRF

Name of Awardee ICAR Exam Date
..... (Copy to be enclosed). This is to certified that
..... has joined the department of
..... in college of under the above
scheme of the ICAR-NTS with effect from (F.N./A.N.). He/She will be
provided with all necessary facilities during his/her tenure of award. The terms and
condition of the offer are acceptable to awardee. Also certified that he/she is not
recipient of emolument from any other source after joining the ICAR-NTS/ VCI/
NON-JRF for the period ending.

Dated:

Signature
Name.....
ID. No.
Degree Programme.....
Contact No.
Adhaar No.
State of Domicile
Bank a/c No.
IFSC Code.....

Note: Enclosed as above.

Signature of Advisor
(Seal)

Signature of Head of Deptt.
(Seal)

Dean
(Seal)