

**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 awrdee. 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)