MBGIPS/53/2025-RF I/144816/2025



KSCSTE-MALABAR BOTANICAL GARDEN AND INSTITUTE FOR PLANT SCIENCES

(An institution of Kerala State Council for Science, Technology & Environment)

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APPLICATION FORM

1.	Advt. No.					
2.	Post applied for					
3.	Name					
4.	Sex (Male/Female)					
5.	Nationality (Mention by Birth / Domicile)			Affix your recent		
6.	Date of Birth (As per SSLC/SSC/+2 Certificate)	Day Month Year		colour passport size photographs		
7.	Age (as on date of notification)	Year Months Days				
8.	Category	00 000	2	110		
		SC ST OBO	J	UR		
9.	Present Postal Address with Phone Number & e-mail address (for communication)	Phone Email				
10	Permanent Address	Thone				

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		ıcational/Professional Qu nentary proof)	alification commend	cing fro	om SSLC/X th	onw	ards	
Examination/Degree		Board/Univ.	Subject	Subject		Cla	ss / Div	Marks (%) or GPA
12 Details	s of work e	xperience (if any):				<u> </u>		
		Name of Organization & Place	Designation/ Post held			er permanent/ emporary		

DECLARATION

I understand that the contractual appointment is purely temporary and I hereby declare that the information given above is correct, true to facts and nothing has been concealed/distorted. I am aware that, if at any time I am found to have concealed/distorted any material information, my candidature/engagement is liable to be summarily terminated without notice.

Date:	(Signature of the Candidate)
Place:	