

APPLICATION FORMAT

Project “Assessment of population status and removal of Bio-Resources in forests with special emphasis on medicinal plants in Karnataka.

1. **Name in Full** :
(In capital letters)
2. **Father’s /Spouse name** :
3. **Present postal address** :
4. **Corresponding address** :
5. **Phone No/ Residence/ Office/ Mobile No :**
6. **Email-id:**
7. **Date of birth** :
8. **Gender :**
9. **Qualifications details**

Marks/Grade/Percentage obtained							
Subject	Under Graduation			Post Graduation			Phd.
	Maximum	Secured	% Obtained	Maximum	Secured	% Obtained	
Botany							
Taxonomy							

10. Details of Experience:

Name and place of the organization	Month/Year of joining	Month/Year of leaving	Duration in Years	Designation	Responsibilities assumed

11. Address of present working place:

12. Experience in identification of Medicinal plants:

13. Would you like to work as a volunteer without any remuneration: Yes/No

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I abide by the action taken by the Karnataka Biodiversity Board in case of false information. I have read all the terms and conditions mentioned in the advertisement /website and agree to abide by the same and any conditions laid by KBB in this regard.

Place

Date

Signature of the candidate