APPLICATION FORM FOR THE POST OF SCIENTIST C (NON-MEDICAL)

(Kindly fill all fields and provide information)

1. Name of the Candidate ( Capital Letter) :
2. Father’s Name :
3. Sex (Male/Female) :
4. a)Date of Birth (Date/Month/Year) :

b) Present Age (as on date of walk : Years Months Days

interview )

1. Postal Address (Present) :
2. **Permanent Address :**
3. **Email ID (Mandatory) :**
4. **Mobile No. (Mandatory) :**
5. **Educational Qualification**
   1. **Essential Qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination passed** | **Year of passing** | **Name of the Board/ University** | **Class/ Percentage obtained** | **Subject Studied** |
| **10th** |  |  |  |  |
| **12th** |  |  |  |  |
| **Graduation** |  |  |  |  |
| **Post- Graduation** |  |  |  |  |
| **Other Qualification,**  **if any** |  |  |  |  |
| **Other** |  |  |  |  |

* 1. **Desirable qualification as per advertisement:**

1. **Work Experience (Total Number of Years): Kindly mention exact duration for each post and provide experience certificate for each of them**

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| --- | --- | --- | --- | --- | --- |
| **S.**  **No** | **Name of the Employer (Name of the office/Institution)** | **Period (Date/month/year)** | | | **Post held and responsibilities** |
| **From** | **To** | **Total duration in months** |
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1. **Any other Research Experience / Information/Paper Published/etc.**

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/ appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

(Signature of Candidate)

Date: