Annexure-I

 **CSIR – INSTITUTE OF MICROBIAL TECHNOLOGY**

 **(CSIR-IMTECH, Sector-39A, Chandigarh)**

**APPLICATION FORM FOR THE POST OF PROJECT SCIENTIST : (ADVT. No: \_\_\_\_\_\_\_\_\_\_)**

Affix recent signed passport size photograph

NAME in full (IN BLOCK LETTERS)..……………………………………………………………………………

Father’s Name…………………………………………………………………………………………………………

Date of birth……………………………………………………………………………………………………………

Address for Correspondence: …………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………..

Permanent Address: …………………………………………………………………………………………………………. …………………………………………………………………………………………………………………………………………..

E-Mail/Mobile No: ……………………………………………………………………………………………………………..

Educational Qualification: (from 10th onwards):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Examination Passed** | **Name of University** | **Year of Passing** | **Subject Taken** | **Division and % of Marks** |
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Experience (if Any) of CSIR-IMTECH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Institution** | **Duration** | **Position held** | **Salary** |
|  |  |  |  |  |
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Experience (if any) of any other CSIR-Lab/institutes:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Institution** | **Duration** | **Position held** | **Salary** |
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Experience (if any) of any other Organizations other than CSIR:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Institution** | **Duration** | **Position held** | **Salary** |
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Whether SC/ST/OBC)…………………………………………………………………………………………………………………………………

Whether belongs to Persons with Disability, (if yes), enclose respective disability certificate:……………………………………………………................................................................................................

Whether any blood relation in CSIR, if so, pl. give details………………………………………………………………………….

Whether working in IMTECH/CSIR, if yes, please give details…………………………………………………………………….

**DECLARATION**

 I, hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and any action may be initiated against me as per rules.

**Candidate’s signature**

**(Full Name)** …………………………………………..

**Address** ………………………………………………..

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**NOTE**- **Please enclose the documentary proof of educational qualifications(s), DOB, experience, Category SC/ST/OBC/PwD etc.**