**APPLICATION FORM FOR THE POSITION SR. PROJECT FELLOW/ PROJECT FELLOW/ PROJECT ASSISTANT/ JRF/ SRF (PROJECTS)/ RESEARCH ASSOCIATE/ RESEARCH INTERN**

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1. Name in full (IN BLOCK LETTERS): ……………………………………………………………………….

2. Father’s Name: ……………………………………………………………………………………………………

3. Date of birth: ………………………………………………………………………………………………………

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

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

……………………………………………………………………………………………………………………………………………………

6. E-mail/Mobile No: ………………………………………………………………………………………………………………….

7. Educational Qualification:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No | Examination Passed | Name of University | Year of Passing |  Subject Taken | Divison and % of Marks |
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|  |  |  |  |  |  |

8. Job Experience (if any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No | Name of the Institution | Duration | Position held  | Salary |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

9. Whether SC/ST/OBC/GEN: …………………………………………………………………..

10. Whether any blood relation in CSIR, if so, pl. give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the statement 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 action initiated against me.

 Candidate’s signature

 (Full Name)

**NOTE: -Please enclose the documentary proof of educational qualifications (s), DOB, experience.**