

 **(ANNEXURE-I)**

**APPLICATION FORM**
(**Advertisement No. PAT.119/2022**)

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| Name of the Position(s) Applied(Please tick ✓) | **Chief Executive Officer for BioNEST** |  |
| **Manager- Incubator for BioNEST** |  |

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| --- | --- | --- | --- |
| 1. | Name in Full (Block Letters) |  | PLEASE AFFIX YOUR RECENT PASSPORT SIZE COLOUR PHOTOGRAPH |
| 2. | Gender | Male / Female |
| 3. | Date of Birth & Age as on the last date  |  |
| 4. | Category |  |
| 5. | Are you a person with disability?  |  |
|  | If yes, nature of disability |
| 6. | Address for Correspondence |
|  |
| Email:  |  | Mobile No. |  |
| Skype ID: |  |
| 7. | Are you related to CSIR/CSIR-CFTRI employee? |  |
|  | If Yes, please give details |  |
| 8. | Particulars of Education Qualification (in reverse chronological order) (Please self-attested copies of *certificates & mark sheets)* |
| **Name of Examination** | **Subject** | **University** | **Year of Passing** | **Percentage of Marks** | **Class** | **Remarks if any** |
| SSLC |  |  |  |  |  |  |
| Degree |  |  |  |  |  |  |
| Master Degree |  |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |  |
| Any Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 9. | Details of Ph.D. Thesis |
| Thesis Title:Name of Guide:Date of AwardAbstract |
| 10. | Details of Experience (Please self-attested copies of supporting documents) |
| **Sl. No.** | **Name of Employer & address** | **Name of Position** | **Date of Joining** | **Date of Leaving** | **Salary Drawn** |
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| 11. | If you are/were a Research Fellow/RA/SRA/Project Assistant etc., in any CSIR Laboratory, Pls furnish details: |
| **Sl. No.** | **Designation** | **Laboratory** | **Project No.** | **From** | **To** |
|  |  |  |  |  |  |
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| 12. | Languages known |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Languages | Read | Write | Speak |
| (Please tick ✓) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

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| 13. | References (From persons holding responsible positions, including former employer, but not related to the applicant) |
| Reference - 1 | Reference – 2 | Reference – 3 |
|  |  |  |

|  |  |
| --- | --- |
| 14. | Any other relevant information the candidate wishes to mention |
|  |
| DECLARATION |
| I hereby declare that I have filled up this application form after carefully reading the Advertisement and fully understanding the eligibility criteria and other conditions stipulated therein and fully agree to abide by them. I further declare that all the statements made by me in this 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 or if I bring in outside pressure/influence, my candidature is liable to be cancelled at any stage of Selection/Appointment and action can be initiated against me. I will not claim for regular appointment in CFTRI/CSIR, against any post by virtue or having selected for position of Chief Executive Officer Incubator & Manager Incubator at any time. |
| SIGNATURE OF THE CANDIDATE |
| Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List of Self-Attested Documents Attached |
| Sl. No. | Enclosure name | Please tick |
| 1 |  |  |
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