**Application Form for the position of** **Senior Project Associate & Project Associate-I**

**Affix recent Passport size photograph**

Name of the Position Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the candidate  (Block Letters) | |  | | | | |
| 2 | Date of Birth | |  | | | | |
| 3 | Age as on 08.05.2020 | | \_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_ Days | | | | |
| 4 | Address for Communication | |  | | | | |
| 5 | Permanent Address | |  | | | | |
| 6 | Mobile No | |  | | | | |
| 7 | Email Id | |  | | | | |
| 8 | Skype ID | |  | | | | |
| 9 | Category (SC/ST/OBC/EWS) | |  | | | | |
| 10 | Whether Physically Challenged : (YES/NO) | |  | | | | |
| 11 | Particulars of Education Qualification (in reverse chronological order) | | | | | | |
| Name of Examination | | Subject(s) | | University/Board | Year of Passing | Percentage  of Marks | Division/  Class |
| SSLC/SSC | |  | |  |  |  |  |
| Degree | |  | |  |  |  |  |
| Master Degree | |  | |  |  |  |  |
| Ph.D. | |  | |  |  |  |  |
| If any Other | |  | |  |  |  |  |
|  | |  | |  |  |  |  |
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12. Please furnish the details of experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.  NO. | Name of Employer and address | Name of Position | Nature of Jobs | Date of Joining | Date of Leaving | Salary Drawn |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

13. Are you related to CSIR-CFTRI employee? Yes No

If Yes Please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Any other relevant information the candidate wishes to mention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that the information furnished above are true, complete and correct to the best of my knowledge and belief, and in the event if any of the information is found false or incorrect or any ineligibility, my candidature is liable to be cancelled and action may be initiated against me. I have read the terms and conditions and understood the same. I will not claim for regular appointment in CFTRI-CSIR, against any post by at any time.

Date :

Place :

Signature of candidate