

**APPLICATION FORM**

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| Name of the Position(s) Applied (Please tick ✓) | | 1. | CONSULTANT (OLP0217) | | 🞎 | |  | |
| 2. | CONSULTANT (OLP0218) | | 🞎 | |  | |
|  | Name: Sri / Smt / Miss / Mr / Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Block Letters)  Gender | | | | | | | F  M |
|  | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Address for Communication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Permanent Address :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Skype ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | Whether Physically Challenged : Yes / No | | | | | | | |

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|  | Particulars of Education Qualification (in reverse chronological order) (*Please enclosed a copy of all documents)* | | | | | | |
| **Name of Examination** | | **Subject** | **University** | **Year of Passing** | **Percentage of Marks** | **Class** | **Rank if any** |
| SSLC | |  |  |  |  |  |  |
| Degree | |  |  |  |  |  |  |
| Master Degree | |  |  |  |  |  |  |
| Ph.D. | |  |  |  |  |  |  |
| If any Other | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |

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|  | Please furnish the details of experience and enclose supporting documents (Indicate experience in CSIR-CFTRI Only) | | | | | |
| **Sl. No.** | **Name of Employer and address** | **Project No & Temp Employee No if any** | **Name of Position** | **Date of Joining** | **Date of Leaving** | **Salary Drawn** |
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|  | Are you related to CSIR-CFTRI employee? Yes / No |  |
|  | If Yes Please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | 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. 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 virtue or having selected for position of Training Coordinator at any time.

Date :

Place:

**Signature of candidate**

No. of Enclosures: