

Application Form for Engagement of GATE/GPAT Fellows

| A. Personal Information | | |
|---|---|------------------------------------|
| Name in full (in block letters): | | <i>Affix Recent Photograph</i> |
| Father's Name & Occupation: | | |
| Mother's Name & Occupation: | | |
| Nationality: | | |
| Religion: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Category: | <input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH | |
| Differently abled?(Yes/No) | | |
| If Yes, Nature of Disability? | | |
| Whether you belong to Minority? | | |
| Date of Birth (as per SSLC/ HSC/ SSC/ Matric Certificate) | Date <input type="text"/> Month <input type="text"/> Year <input type="text"/> | |
| Place of Birth: | | |
| Are you seeking age relaxation?(Yes/No) | | |
| If yes, under which category? | | |
| Marital Status: | | |
| Whether you are related to any CSIR employee?(Yes/No) | | |
| If Yes, Name of the relative: | | |
| Designation & Lab: | | |
| Relationship: | | |
| Address for Communication: | | |

| | |
|-------------------------------------|--|
| | |
| City: | |
| State/UT: | |
| Pin code: | |
| Phone with STD code/ Mobile No.: | |
| E-mail: | |
| Skype ID: | |

B. Academic Information (commencing with the Matriculation or equivalent examination in chronological order). **Please submit self-attested copies of Certificates & Mark Sheets along with hard Copy.**

| Examinations Passed | Name of the Board/ University | Year of Passing | Subject/ Specialization | Percentage/ CGPA | Class/ Division |
|---------------------|-------------------------------|-----------------|-------------------------|------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

C. Languages Known

| Sl. No. | Language | Read | Write | Speak |
|---------|----------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Valid score in GATE/GPAT? (Mandatory)

| | | | |
|--------------------|--|-------------------|--|
| Name of Exam/Test: | | | |
| Valid Till: | | Percentile/score: | |

| E. References (From Indian residents holding responsible positions, including former employer, but not related to the applicant) | | |
|---|---------|-----------------------------|
| Name and Occupation | Address | E-mail and Phone/ Mobile |
| | | |
| | | |

DECLARATION

I _____ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/ distorted any material/ information, my engagement is liable to be summarily terminated without notice.

SIGNATURE OF THE CANDIDATE

List of Documents Enclosed (Self Attested)

| Sl.No. | Enclosure Name | Please Tick |
|--------|---|-------------|
| 1. | GATE/GPAT Rank/Score Card | |
| 2. | Caste Certificates | |
| 3. | Copies of all Certificate and/or Mark Sheets of your Academic Information | |

***Only scanned copies (PDF) need to be sent, Mobile photos will not be considered.**

Name: _____

SPACE FOR ADDITIONAL ENTRIES
(Please mention section, to which the information pertains)
