|  |  |
| --- | --- |
| **C:\Users\dnshrivastava\Desktop\Desk top\CSIR-LOGO.gif****CSIR-CSMCRI** | **CSIR-CENTRAL SALT & MARINE CHEMICALS RESEARCH INSTITUTE****Gijubhai Badheka Marg, Bhavnagar 364 002** |
| **Application Form for the post of RA under the Emeritus Scientist Scheme** |
| (Please fill in the form carefully and submit along with the attested/ self attested copies of you certificates/ testimonials.) |
|  |
| 1. Name in Full
 | : |  |
| 1. Gender:
 | : |  |
| 1. Nationality:
 | : |  |
| 1. Date & Place of Birth:
 | : |  |
| 1. Belongs to SC/ST/OBC/ anything else:
 | : |  |
| 1. Family
 | :  | Single | Married |  |  |
| 1. Address for Correspondence with phone number
 | : |  |
| 1. Permanent Address
 | : |  |
| 1. Relationship with any CSIR employee
 | : |  |
| 1. Educational Record
 | : | (from SSC to highest degree obtained) |
| Degree | University/ Board | Language of instructions | %in Aggregate and Division | Year of Passing | Subjects  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. NET/GATE Qualifications
 | : |  |
| 1. Academic Distinctions/ Prizes Received
 | : |  |
| 1. Publications (number) and title of the thesis. List of publications with details is to be given in an attached sheet.
 | : |  |
| 1. Present Occupation
 | : |  |
| 1. Minimum time required for joining if selected
 | : |  |
| 1. References, if any
 | : |  |
| Name | Designation | Email ID |
|  |  |  |
|  |  |  |
|  |  |  |
| **DECLARATION OF APPLICANT** I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the statements made in this application are true, complete and correct to the best of my belief. I understand that the post is purely temporary for the duration of sponsored project only. It would, therefore, not confer any right/claim implicit or explicit for claiming extension or absorption in CSIR/CSMCRI. If awarded a fellowship, I will abide with the rules and regulation laid by CSIR/ CSMCRI for such fellowship. |
| **Signature of the Applicant** | **Date:** |