

## APPLICATION FORM

1.	Position applied for	:		Affix passport size photograph of the candidate
2.	Full name in capital	:		
3.	Date of birth	:		
4.	Gender	:		
5.	Marital Status	:		
6.	Nationality	:		
7.	SC/ST/OBC/UR	:		
8.	Aadhaar Number	:		
9.	Address for communication	:		
10.	Contact numbers (M)	:		
11.	Email ID	:		
12.	Academic Qualifications	:		

S.No.	Degree	Subject	% Marks	Year of Passing	University / College
a)	Master's Degree	M.Tech. in Mechanical Engineering / Chemical Engineering / Energy Engineering			
b)	M.Sc.	MSc Chemistry			
c)	B.Tech.	B.Tech. in Mechanical Engineering / Chemical Engineering			
d)	B.Sc.	BSc Chemistry			
e)	Higher Secondary Exam.				
f)	Secondary Exam.				

13.	Details of CSIR-UGC/ICAR/ICMR NET including lectureship / assistant professorship or GATE OR those who have qualified National level examinations conducted by Central Government Departments like DBT/DST or equivalent and / or their Agencies / Institutions cleared	:	
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14.	Experience	:	
15.	List of Publication(s)	:	
16.	Enclosures	:	<ul style="list-style-type: none"> <li>• Date of Birth Certificate</li> <li>• Category Certificate</li> <li>• Aadhaar Card</li> <li>• Secondary Exam. Certificate</li> <li>• Higher Secondary Exam. Certificate</li> <li>• B.Sc. Marksheet(s)</li> <li>• B.Sc. Certificate</li> <li>• B.E./B.Tech. Marksheet(s)</li> <li>• B.E. / B.Tech. Degree Certificate</li> <li>• M.Sc. Degree Marksheet(s)</li> <li>• M.Sc. Degree Certificate</li> <li>• M.Tech. Degree Marksheet(s)</li> <li>• M.Tech. Degree Certificate</li> <li>• Experience Certificate(s)</li> </ul>
17.	DECLARATION	:	
	<p>I have attached herewith all certificate/documents for proof my DOB, experience and qualifications etc.</p> <p>I hereby declare that all statements made and information furnished in this application are true and complete to the best of my knowledge and belief. In the event of suppression or distortion of any fact or educational etc. made in my application form, I understand that I will be denied selection and if already appointed to the said position in the Institute my service will be cancelled / terminated forthwith.</p>		

(Signature)

Name ( )

Place:

Date: