

Application Form for Consultant against our Advt. No. Consultant(6)/2017

1. Name : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Age as on (Date of Interview) : _____ Years _____ Months _____ Days
5. Category(Gen/OBC/SC/ST/PWD) : _____
6. Mailing Address : _____
: _____
: _____
7. E-mail & Mobile no. : _____
8. Permanent Address : _____
: _____

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9. Educational Qualification

Sl.No	Course	Subject	University/Institute	Year of Passing	Division/ Class

10. Work Experience

Sl.No	Organisation/ Institute	Period		Nature of Work	Remarks
		From	To		

11. Whether any close relative in CSIR : _____

12. Reference

(i) _____

(ii) _____

Undertaking

I hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or ineligibility being detected before or after the examination my candidature/engagement is liable to be cancelled. Further, I also declare that I have never been convicted by any court of Law. I also undertake to sign the agreement for engagement as Consultant before joining my duties, if selected.

Date: _____

Place: _____

(Candidate's Signature)