



CSIR- NATIONAL PHYSICAL LABORATORY

(Council of Scientific & Industrial Research)

Dr. K.S. Krishnan Marg,
New Delhi – 110012.



Candidate may kindly go through the advertisement carefully before filling up the application form. Incomplete application will not be entertained. **No column in the application should be left blank. Application without signature will be rejected without giving any reason.**

FOR OFFICE USE ONLY

To be filled up by the candidate and should reach **Human Resource Development, National Physical Laboratory, Dr. K.S. Krishnan Marg, New Delhi -110012** on or before 30/12/2016. (Information should be factual and not descriptive)

| | | | | |
|-------------------|---|--|--------------------------------------|-----------------------------------|
| Advertisement No. | | Paste your recent photo here. Put your signature across the photo, partly on photo and partly on form | | |
| Name of Course | | | | |
| Course Code | | | | |
| 1. | Name of the Applicant (In Block Letters) | | | |
| 2. | Father's / Husband's Name | | | |
| 3. | Mother's Name | | | |
| 4. | Date of Birth of the Applicant (DD/MM/YYYY) | | | |
| 5. | Age as on 01.12.2016 | YEARS | MONTHS | DAYS |
| | | | | |
| 6. | Gender (tick whichever applicable) | (MALE) <input type="checkbox"/> | (FEMALE) <input type="checkbox"/> | (OTHERS) <input type="checkbox"/> |
| 7. | Marital Status (tick whichever applicable) | (MARRIED) <input type="checkbox"/> | (UNMARRIED) <input type="checkbox"/> | |
| 8 (a). | Postal Address | | | |
| 8 (b). | Permanent Address | | | |
| 9. | Telephone / Mobile Number | | | |
| 10. | E - Mail | | | |
| 11. | Nationality | | | |

| | | | | | | |
|-----|--|-----------------|-------------------------------------|-----------|------------------------------------|----------------------------|
| 12. | State / Union Territory | | | | | |
| 13. | Category (tick whichever applicable) (Attach a self-attested copy in support of claim for SC/ST/OBC/PwD) | GEN | SC | ST | OBC | PwD |
| | | | | | | |
| 14. | Are you a Sponsored Candidate (Yes/No). If Yes, Please specify the name and address of the sponsor. | | | | | |
| 15. | Particulars of examinations passed and degrees / technical qualifications obtained | | | | | |
| | Exam./ Degree | Subjects | Board/University/ Institute | | Year of passing | Class / Div./ Grade |
| | 10th/Matric | | | | | |
| | 12th/Intermediate | | | | | |
| | Graduation | | | | | |
| | Diploma | | | | | |
| 16. | Is any of your blood / close relative working in CSIR-Head quarter / CSIR-Laboratory / Institute? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| | If "YES", please indicate the following | | NAME | | | |
| | | | RELATIONSHIP | | | |
| | | | DESIGNATION | | | |
| | | | LABORATORY / INSTITUTE | | | |

DECLARATION

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

Date: _____

Place: _____

(Signature of Applicant)

SELF ATTESTED DOCUMENTS ENCLOSED WITH APPLICATION:

| | |
|----|---|
| 1. | Proof for Age |
| 2. | Documentary proof in support of claim for SC/ST/OBC/PwD |
| 3. | Copy of Degrees and Mark sheets from 10 th Exam. onwards |
| 4. | Letter from Sponsoring Agency (for Sponsored Candidate only) |
| | |