



# 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 30/08/2018. (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 31.08.2018	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
	10 <sup>th</sup> /Matric					
	12 <sup>th</sup> /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 <sup>th</sup> Exam. onwards
4.	Letter from Sponsoring Agency (for Sponsored Candidate only)