



सीएसआईआर-राष्ट्रीय भौतिक प्रयोगशाला
CSIR- NATIONAL PHYSICAL LABORATORY
(वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्)
(Council of Scientific & Industrial Research)
डॉ. के.एस. कृष्णन् मार्ग, नई दिल्ली - 110012
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. Appropriate information or N.A (Not Applicable) should be indicated.**

FOR OFFICE USE ONLY

To be filled up by the candidate in his own handwriting **in blue ink only / typed** and forwarded to the **Controller of Administration, National Physical Laboratory, Dr. K.S. Krishnan Marg, New Delhi -110012**. (Information should be factual and not descriptive)

| | | |
|-------------------------|----------------|---|
| Advertisement No. | Rectt. 02/2022 | Paste your recent photo here. Put your signature across the photo, partly on photo and partly on the form |
| Name of the Post | | |
| Post Code | | |
| Demand Draft No. | | |
| Amount of Demand Draft | | |
| Date of Issue | | |
| Bank Name | | |
| Branch Name / City Name | | |

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|----|---|------------------------|--|--------|--|-------------|--|
| 1. | Name of Applicant (In Block Letters) | | | | | | |
| 2. | Father's / Husband's Name (Tick ✓ whichever is applicable) | | | | | | |
| 3. | Mother's Name | | | | | | |
| 4. | Date of Birth of Applicant | DD | | MM | | YYYY | |
| 5. | Age as on 30.05.2022 | Days | | Month | | Year | |
| 6. | Gender (Tick ✓ whichever is applicable) | Male | | Female | | Transgender | |
| | | | | | | | |
| 7. | a | Correspondence Address | | | | | |
| | b | Permanent Address | | | | | |

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|-----|---|-------------------|---|---------------|--------------------|-----------------|----------------------|------------------|------------|
| 8. | Mobile No./Phone no. with STD Code | | | | | | | | |
| 9. | Email address | | | | | | | | |
| 10. | Nationality (Tick ✓ whichever is applicable) | | INDIAN | | | OTHERS | | | |
| | | | | | | | | | |
| 11. | State / Union Territory to which you belong | | | | | | | | |
| 12. | Category (Tick ✓ whichever is applicable) (Attach a self-attested copy in support of claim for SC/ST/OBC) | | GEN | SC | ST | OBC | | | |
| | | | | | | | | | |
| 13. | Whether belong to the Minority Community (YES/NO) | | | | | | | | |
| | If Yes Tick ✓ whichever is applicable | | Muslim | Sikh | Christian | Jain | Parsi | Buddhist | |
| | | | | | | | | | |
| 14. | Whether belong to EWS Category (YES/NO) | | If Yes (Attach a self-attested copy in support of claim for EWS) | | | | | | |
| 15. | Whether belong to PwBD Category (YES/NO) | | If Yes (Attach a self-attested copy in support of claim for PwBD) | | | | | | |
| 16. | Marital Status (Tick ✓ whichever is applicable) | | Married | Unmarried | Widow / Widower | Divorced | Legally Separated | | |
| | | | | | | | | | |
| 17. | Particulars of examinations passed and degrees / technical qualifications obtained from 10 th onwards. | | | | | | | | |
| | Exam. passed | Board/ University | Total Marks | Marks secured | % age of marks | Class/ Division | Year of passing | Duration | Subject(s) |
| | 10 th /Matric | | | | | | | | |
| | 12 th /Inter | | | | | | | | |
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| 18. | Details of professional experience/training if any (attach copy of proof) after acquiring the minimum qualification of the post/training starting from the most recent one: | | | | | | | | |
| | Name of Employer | Post Held | Duration | | Experience | | Gross Salary | Responsibilities | |
| | | | From | To | Year | Month | | | |
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|--------------------------------|---|-------------------|-----------------|------------------|---------------------|--------|
| 19. | Details of Publications / Patents, if any (attach reprints) : | | | | | |
| | Scientific Journals | Number of Papers | | | | |
| | | Published | Accepted | Communicated | | |
| | Indian | | | | | |
| | Foreign | | | | | |
| | Total | | | | | |
| No. of patents filed & granted | | | | | | |
| 20. | Whether visited outside India? If so, particulars thereof : Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| | Name of Country Visited | Duration of Visit | | Purpose of Visit | Passport No. & Date | |
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 21. | Are You currently employed (Tick ✓ whichever is applicable) | YES | | NO | | |
| | | | | | | |
| 22. | If "YES", (Tick ✓ whichever is applicable) | Central Govt. | State Govt. | PSU | Autonomous | Others |
| | | | | | | |
| 23. | Nature of Employment (Tick ✓ whichever is applicable) (In case of Permanent Employment in Central/State/PSU/Autonomous bodies, application must be duly endorsed/certified by the employer) | PERMANENT | | TEMPORARY | | |
| | | | | | | |
| 24. | Is any of your blood / close relatives working in NPL / CSIR Hqrs. / Labs / Instts. (Tick ✓ whichever is applicable) | YES | | NO | | |
| | | | | | | |
| | If "YES", please indicate the following | | | | | |
| | NAME | DESIGNATION | LAB / INSTITUTE | RELATIONSHIP | | |
| | | | | | | |

DECLARATION

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

Date: _____
Place: _____

Signature of the Candidate _____

DOCUMENTS ENCLOSED WITH APPLICATION:

| Sl.No. | Particular of documents | Sl.No. | Particular of documents |
|--------|-------------------------|--------|-------------------------|
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To be filled only in case where applicant is employed in permanent position in Central/State/PSU/Autonomous bodies only.

(Candidate already employed should get the following endorsement signed by his/her present employer.)

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/OFFICE

This is to certify that Mr./Ms./Dr. _____ is employed in this office on the post of _____ w.e.f _____. It is also certified that as per official records, no disciplinary / vigilance case is pending / contemplated against him / her. If Mr./Ms./Dr. _____ is selected, he/she will be relieved within one month of the receipt of the appointment orders.

File No:

Date:

Name: _____

Designation: _____

Full Signature: _____

Name of Office: _____

Address of Office: _____

Seal/Stamp

CSIR – NATIONAL PHYSICAL LABORATORY

Advertisement No.Rectt.02/2022

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| FOR OFFICE USE ONLY |
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Synopsis of the candidate for the post of Scientist

| Post code No. | Name of the candidate | Date of Birth & Gender | Age as on (30.05.2022) | Whether Gen/SC/ST/OBC/PwD/EWS | Whether working in CSIR / Govt Organization |
|---------------|-----------------------|------------------------|------------------------|-------------------------------|---|
| | | | | | |

| Educational qualifications (10 th onwards) | | | |
|---|----------------------|-----------------|------------|
| Qualification | Name of Board / Univ | Year of passing | Percentage |
| | | | |
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| Date on which the EQ prescribed for post was awarded | Title of PhD Thesis and its broad subject area | Number of Patents | | | | Technology Developed and Commercialised |
|--|--|-------------------|------|---------|------|---|
| | | Filed | Year | Granted | Year | |
| | | | | | | |
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| Research Publications | | | | Experience gained after obtaining the essential qualification | | | | | |
|-----------------------|-----------|-----------------|-----------|---|--|-------------------------------|------|----|----------------------------|
| SCI Journal | | Non SCI Journal | | Designation of Post and name of Orgn. | Whether the Org is academic / Research / Industry / others | Broad area of work / research | From | To | Total period in Yrs / Mths |
| Numbers | I.F(year) | Numbers | I.F(year) | | | | | | |
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Signature of the candidate