



आवेदन प्रपत्र APPLICATION FORM

(For Office Use)

Application No.	
Receipt Date:	

To be filled in by the candidate in his own handwriting.
All the columns should be properly filled in.
Incomplete application form will be rejected summarily.

Affix recent
singed
passport size
photograph

Advt. No.: 02/2019	Particulars of application fee: <input checked="" type="checkbox"/> 500 /-						
<table border="1"><thead><tr><th colspan="2">POST APPLIED FOR</th></tr><tr><th>NAME OF THE POST</th><th>POST CODE</th></tr></thead><tbody><tr><td>Security Assistant</td><td><input type="text" value="SA"/> <input type="text" value="01"/></td></tr></tbody></table>	POST APPLIED FOR		NAME OF THE POST	POST CODE	Security Assistant	<input type="text" value="SA"/> <input type="text" value="01"/>	Fee Paid <input type="checkbox"/> / Exempted <input type="checkbox"/> (in case exempted please mention the category) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SC ST PWD CSIR Employee
POST APPLIED FOR							
NAME OF THE POST	POST CODE						
Security Assistant	<input type="text" value="SA"/> <input type="text" value="01"/>						
	UTR /Transaction No. & Date: _____						
	Name of the Bank & Branch : _____						
	(copy of bank collect payment receipt must be attached with the application form)						

Name in full (In BLOCK LETTERS)	
Father's Name	
Gender	
Marital Status [Unmarried/ Married/ Widow/ Divorcee /Judicially separated]	

Are you a citizen of India?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Name of State to which you belong							
Date and Place of Birth	<p>(a) Date</p> <table border="1" data-bbox="824 380 1265 474"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table> <p>(b) Place</p> <div data-bbox="824 533 1349 600" style="border: 1px solid black; height: 32px;"></div>				DD	MM	YYYY
DD	MM	YYYY					
Address: (in BLOCK LETTERS)							
<p>(a) Permanent Address:</p> <div data-bbox="191 785 797 1016" style="border: 1px solid black; height: 110px;"></div> <p>Pincode:</p> <p>Mobile:</p> <div data-bbox="204 1121 673 1157" style="border: 1px solid black; width: 289px; height: 17px;"></div> <p>Land line:</p> <p>Email id:</p>	<p>(b) Correspondence Address: same as Permanent Address: <input type="checkbox"/></p> <div data-bbox="824 785 1430 1016" style="border: 1px solid black; height: 110px;"></div> <p>Pincode:</p> <p>Mobile:</p> <div data-bbox="837 1121 1307 1157" style="border: 1px solid black; width: 289px; height: 17px;"></div> <p>Land line:</p> <p>Email id:</p>						

<p>State whether you are a member of Scheduled Caste / Scheduled Tribe / Other Backward Class. If so, attach an attested copy of the certificate in support of your claim</p>	<p>(Tick the appropriate Category)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>SC ST OBC PWD General</p> <table border="1" data-bbox="824 1583 1424 1682"> <tr> <td>A. Religion</td> <td></td> </tr> <tr> <td>B. Community</td> <td></td> </tr> </table>	A. Religion		B. Community	
A. Religion					
B. Community					
<p>Are you related to any employees of the CSIR? If so, Give details.</p>					

Education / Technical Qualification (from SSLC/10 th onwards): (Attach separate sheet if required)					
Exam passed	Board/University	Subject(s)	Division / Grade and % age of marks	Year of passing	Duration of the Degree /Diploma

Details of employment (in chronological order): (Attach separate sheet if required)						
Organization	Post held	Scale of Pay & last pay drawn	Exact dates to be given		Total period (YY-MM)	Nature of duties
			From	To		

<p>Whether you have furnished the details of all the educational/technical qualifications</p> <p>[In case of suppression of any details or providing false information, the application is liable to be rejected at any stage besides any other action]</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p>
<p>Language in which you prefer to take written examination</p>	<p>English <input type="checkbox"/> (or) Hindi <input type="checkbox"/></p>

