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वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद (Council of Scientific & Industrial Research) CSIR Campus, TTTI Taramani P.O., Chennai – 600113 PBX 22542122 22542824 22541775

Fax 22541973

		Post applied fo	·/ •		ation No. : M nician(1)	C/02/201	4	,,			
1.	Cai	ndidates Name									
2.	Fat	her's/ Husband's Name									
3.	Dat	te of Birth and Age							A 60		
4.	. <del></del>		P	Permanent I		Prese	Present		Affix a Recent Passport Size Photo		
	Coi	mmunication	_						1 4000	0120111010	
_		ephone No(s)	_								
5.		tionality / Religion							-		
6.	Wh	Whether belongs to  : SC / ST / OBC / PH YES / NO (Please <u>strike out</u> which ever is not applicable. If Yes please attach copy of the community certificate)									
7.	Det	Details of Educational Qualifications : Academic / Technical									
	SI. No	Examinations Passed (Main Subject) & Year of Passing		Name of the Board / University			Subjects		ear of ssing	Class & % of Marks	
	1.										
	2.										
	3.										
	4.										
8.	Whether possessing Experience * : YES / NO (If yes, mention the following particulars)										
	S.No. Name & Address of the Company / Institution			Designation Period From		of Engagement To		Nature of Work			
	1.										
	2.										
9.	Whether you have any blood relative working in : YES / NO CSIR Unit, Chennai. : YES / NO (If yes, give his/her complete details)										
10.	Name & Address of Two Referees				: (1)	: (1)			2)		
11.	Any other relevant information				:						
					DECLARATIO	)N					

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

Place :

Date : SIGNATURE

<sup>\*</sup> Attach separate sheet if required.