



Inter University Accelerator Centre

(An Autonomous Research facility of University Grant Commission, New Delhi, India)

Post Box No: 10502, Aruna Asaf Ali Marg, New Delhi-110067

Application form

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Advertisement No: 02/2014

1.	NAME OF THE POST APPLIED FOR	TECHNICIAN			
2.	Full Name (in Capital letters)				
3.	Father's Name				
4.	Mother's Name				
5.	Husband's Name (In case of female married candidates)				
6.	Nationality				
7.	(a) Address for communication (With Pin Code)				
	(b) Permanent Address				
	(c) E-mail ID				
	(d) Mobile phone No.				
8.	Date of Birth (DD/MM/YYYY)				
9.	Age as on the date of last date of receipt of application				
10.	Category (SC/ST/OBC/GEN/PH) (Certificate obtained from Revenue Official not below the rank of Deputy Tahsildar / Competent Medical Authority in case of PH should be attached as evidence)				
11.	Details of Educational/Technical Qualifications	(Starting from class X onwards. All columns are to be filled up)			
	Exam Passed	Institution/University	Subject studied	Year of Passing	% of marks

12	Details of Experience (Candidates are advised to fill-up this column carefully and in terms of conditions stipulated in the Advertisement to avoid rejection) Additional sheet may be added, if required.					
Name of Organization	Post held	Pay Scale	Duration of Service		Nature of appointment whether regular or adhoc	Remarks (If any)
			From	To		
14	Have you ever been imposed any penalty ? If yes please give details					
15	Is there any departmental inquiry pending or contemplated against you. If yes please give details ?					
16	Any other information :-					
17.	DECLARATION: (i) I hereby declare that I fulfill the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirement mentioned in the advertisement, my candidature / appointment is liable to be cancelled / terminated. (ii) I have enclosed the required attested copies of the certificates.					

Place :

Date :

Signature of the Applicant