

## Application Form for Post of Research Scientist-II

(Nature of appointment: Contract basis on monthly consolidated remuneration)

(With reference to notice published on date: \_\_\_\_\_)

Affix Passport Size  
Photograph  
(Self Attested)

### Applicant's Detail (Complete In Block Letters)

1. **Name of Candidate:** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2. **Father's Name /  
Husband's Name:** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

3. **Date of Birth:** DD / MM / YYYY      4. **Sex:** Male  Female

5. **Category:** UR/OBC/SC/ST/PwD

6. **Current Postal / Correspondence Address**

\_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **Pin** \_\_\_\_\_ **State:** \_\_\_\_\_

7. **Telephone Numbers (with area code)**

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

8. **E-mail Address:** \_\_\_\_\_

9. **Academic Qualifications:**

Degree	Subject	University/ Board	Year of Passing	% of Marks (Final Year)	Attempt	Outstanding achievement, if any
Ph. D						
M. Sc.						
MD /DNB						
MBBS						
Any other						

(Attach separate sheet if required)

10. **Research Publication:**

(Only self- attested copies of the documents is to be submitted)

**9a. Present employment:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

**9b. Past Work Experience:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

(Attach separate sheet if required)

**10. If selected willingness to join within [ ] days**

**Place:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

**Date :** \_\_\_\_\_

**CHECK-LIST OF DOCUMENTS TO BE SUBMITTED**

(Please tick ((√) in the appropriate box)

S. No	Name of the Document	Submission Status	
		Yes	No
1.	Proof for date of birth	Yes	No
2.	Graduation Degree Certificate	Yes	No
3.	PG diploma certificate	Yes	No
4.	PG degree certificate	Yes	No
5.	Ph.D. degree certificate	Yes	No
6.	Registration certificate for post-graduation, post degree/diploma (if applicable)	Yes	No
7.	Final year mark sheet of qualifying examination	Yes	No
8.	Attempt certificates for graduation, post-graduation degree/diploma	Yes	No
9.	Experience certificate(s) (if applicable)	Yes	No
10.	Last drawn salary slip (if applicable)	Yes	No
11.	NOC from the present employer (if applicable)	Yes	No
12.	Copy of research publication(s) (if any)	Yes	No

## Application Form for Post of Research Scientist- I

(Nature of appointment: Contract basis on monthly consolidated remuneration)

(With reference to notice published on date: \_\_\_\_\_)

Affix Passport Size  
Photograph  
(Self Attested)

### Applicant's Detail

(Complete In Block Letters)

1. Name of Candidate: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2. Father's Name /  
Husband's Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

3. Date of Birth: DD / MM / YYYY 4. Sex: Male  Female

4. Category: UR/OBC/SC/ST/PwD  
5. Current Postal / Correspondence Address

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Pin \_\_\_\_\_ State: \_\_\_\_\_

6. Telephone Numbers (with area code)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Academic Qualifications:

Degree	Subject	University/ Board	Year of Passing	% of Marks (Final Year)	Attempt	Outstanding achievement, if any
Ph. D						
M. Sc.						
B. Sc.						
MD /DNB						
MBBS						
Any other						

(Attach separate sheet if required)

9. Research Publication:

**9a. Present employment:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

**9b. Past Work Experience:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

(Attach separate sheet if required)

10. If selected willingness to join within [ ] days

Place: \_\_\_\_\_

\_\_\_\_\_

(Signature of the Applicant)

Date : \_\_\_\_\_

**CHECK-LIST OF DOCUMENTS TO BE SUBMITTED**

(Please tick ((√) in the appropriate box)

S. No	Name of the Document	Submission Status	
		Yes	No
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2.	Graduation Degree Certificate	Yes	No
3.	PG diploma certificate	Yes	No
4.	PG degree certificate	Yes	No
5.	Ph.D. degree certificate	Yes	No
6.	Registration certificate for post-graduation, post degree/diploma (if applicable)	Yes	No
7.	Final year mark sheet of qualifying examination	Yes	No
8.	Attempt certificates for graduation, post-graduation degree/diploma	Yes	No
9.	Experience certificate(s) (if applicable)	Yes	No
10.	Last drawn salary slip (if applicable)	Yes	No
11.	NOC from the present employer (if applicable)	Yes	No
12.	Copy of research publication(s) (if any)	Yes	No

## Application Form for Post of Laboratory Technician

(Nature of appointment: Contract basis on monthly consolidated remuneration)

(With reference to notice published on date: \_\_\_\_\_)

Affix Passport Size  
Photograph  
(Self Attested)

### Applicant's Detail

(Complete In Block Letters)

1. Name of Candidate: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

2. Father's Name /  
Husband's Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

3. Date of Birth: DD / MM / YYYY 4. Sex: Male  Female

4. Category: UR/OBC/SC/ST/PwD

5. Current Postal / Correspondence Address

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Pin \_\_\_\_\_ State: \_\_\_\_\_

6. Telephone Numbers (with area code)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Academic Qualifications:

Degree	Subject	University/ Board	Year of Passing	% of Marks (Final Year)	Attempt	Outstanding achievement, if any
M. Sc.						
B. Sc.						
Any Other						

(Attach separate sheet if required)

**9. Research Publication:**

**9a. Present employment:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

**9b. Past Work Experience:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

(Attach separate sheet if required)

**10. If selected willingness to join within [ ] days**

Place: \_\_\_\_\_

\_\_\_\_\_ (Signature of the Applicant)

Date : \_\_\_\_\_

**CHECK-LIST OF DOCUMENTS TO BE SUBMITTED**

(Please tick ((√) in the appropriate box)

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4.	PG degree certificate	Yes	No
5.	Registration certificate for post-graduation, post degree/diploma (if applicable)	Yes	No
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7.	Attempt certificates for graduation, post-graduation degree/diploma	Yes	No
8.	Experience certificate(s) (if applicable)	Yes	No
9.	Last drawn salary slip (if applicable)	Yes	No
10.	NOC from the present employer (if applicable)	Yes	No
11.	Copy of research publication(s) (if any)	Yes	No

**Application Form for Post of Laboratory Assistant cum  
Data Entry Operator**

(Nature of appointment: Contract basis on monthly consolidated remuneration)

(With reference to notice published on date: \_\_\_\_\_)

*Affix Passport Size  
Photograph  
(Self Attested)*

**Applicant's Detail**  
(Complete In Block Letters)

**1. Name of Candidate:** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**2. Father's Name /  
Husband's Name:** \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

**3. Date of Birth:** DD/MM/YYYY **4. Sex:** Male  Female

**4. Category: UR/OBC/SC/ST/PwD**  
**5. Current Postal /Correspondence Address**

\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **Pin** \_\_\_\_\_ **State:** \_\_\_\_\_

**5. Telephone Numbers (with area code)**

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**6. E-mail Address:** \_\_\_\_\_

**7. Academic Qualifications:**

Degree	Subject	University/ Board	Year of Passing	% of Marks (Final Year)	Attempt	Outstanding achievement, if any
B. Sc.						
Any Other						

Attach separate sheet if required)

Application Form contd... .

**8a. Present employment:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

**8b. Past Work Experience:**

Designation	Name of Organization/ Employer	Duration		Experience (In Years & Months)	Monthly salary
		From	To		

(Attach separate sheet if required)

**9. If selected willingness to join within [ ] days**

Place: \_\_\_\_\_

\_\_\_\_\_ (Signature of the Applicant)

Date : \_\_\_\_\_

**CHECK-LIST OF DOCUMENTS TO BE SUBMITTED**

(Please tick ((√) in the appropriate box)

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11.	NOC from the present employer (if applicable)	Yes	No
12.	Copy of research publication(s) (if any)	Yes	No



**(Only self- attested copies of the documents is to be submitted)**