## **CSIR-CENTRAL SCIENTIFIC INSTRUMENTS ORGANISATION**

(Council of Scientific & Industrial Research)

## Sector 30-C, Chandigarh

## APPLICATION FORM

(Advt. No. 03 / 2021: Engagement of Project Staff)

Name of the Position applied for: Project Associate-I

| 1.                  | Name of the Candi   | date:                           |   |                  |                            |                         |  |  |
|---------------------|---|---------------------------------|---|------------------|----------------------------|-------------------------|--|--|
| 2.                  | Father's/Husband's Name:  |                                 |   |                  |                            | Paste latest pas        | Paste latest passport size<br>photograph |  |
| 3.                  | Date of Birth (): Age (as onlast date of receipt of application)yearsmonthsdays |                                 |   |                  |                            | photogra                |  |  |
| 4.                  | Address for Corres  | pondence:                       |   | Diett-           |                            |                         |  |  |
|                     | State   | , PIN                           |   | Diote            |                            | _                       |  |  |
| 5.                  | Whether SC/ST/OF  | BC/EWS/PH (Cer                  | tificate in the prescrib                      | ed proforma t    | to be attache              | d):                     |  |  |
| 6.<br>( <b>St</b> a |   |                                 | ase attach scanned o<br>rds including details |                  |                            | ion)                    |  |  |
| Sr.<br>No.          |   | Name of<br>University/<br>Board | Subjects / Area                               | Maximum<br>Marks | Marks<br>Obtained/<br>CGPA | Division/<br>Percentage | Year of<br>Passing                       |  |
|                     |   |                                 |   |                  |                            |                         |  |  |
|                     |   |                                 |   |                  |                            |                         |  |  |
|                     |   |                                 |   |                  |                            |                         |  |  |
|                     |   |                                 |   |                  |                            |                         |  |  |
|                     |   |                                 |   |                  |                            |                         |  |  |