



नवोन्मेषी एवं अनुप्रयुक्त जैव - प्रसंस्करण केंद्र (सी०आई० ऐ० बी०)

(जैव प्रौद्योगिकी विभाग के तहत एक राष्ट्रीय संस्थान)

विज्ञान एवं प्रौद्योगिकी मंत्रालय (भारत सरकार)

CENTER OF INNOVATIVE AND APPLIED BIOPROCESSING

(A National Institute under Dept. of Biotechnology)

Ministry of Science & Technology, (Govt. of India)

C-127, 2nd Floor, Phase-VIII, Industrial Area, S.A.S. Nagar, Mohali - 160071

वेबसाइट/Website: www.ciab.res.in फोन / Tel: 0172-4990232

Application form for JRF

(ADVERTISEMENT NO: CIAB/22/2016-Rectt.)

Affix your recent
coloured self-
attested
passport size
photograph

Applied for

Area

1. Name in full (IN BLOCK LETTERS)

2. Please Tick: Male..... Female:

3. Please Tick: Married..... Unmarried:

4. Father's/Husband's Name.....

5. Mother's Name.....

6. Date of Birth (DD/MM/YYYY).....Place of Birth.....

Age (As on 05-05-2016): Years.....Months.....Days.....

7. (a) Postal Address.....

.....

.....PIN CODE.....

Phone No :(with STD code).....Mobile No.....

E-mail

(b) Permanent Home Address.....

.....

.....PINCODE.....

8. Are you a citizen of India by birth or by domicile?

9. Date of completion of Master's Degree (Chemistry or Biological Sciences):

10. Name of the Fellowship Providing Agency & Date of Award:.....

11. State 'Yes' if you are Physically Handicapped or are a member of Scheduled Caste/Scheduled Tribe/ Other Backward Class: **(If Yes, Attach an attested copy of the prescribed certificate)**

| Physically Handicapped | Scheduled Caste | Scheduled Tribe | Other Backward Class |
|------------------------|-----------------|-----------------|----------------------|
| | | | |

12. Educational/ Professional Qualifications (Class 10th Onwards):

| <u>Exam. Passed/ Degree</u> | <u>Division/ Grade & % age of marks</u> | <u>Year of Passing</u> | <u>Duration of the Degree, etc.</u> | <u>Board/Univ</u> | <u>Subject(s)</u> |
|-----------------------------|---|------------------------|-------------------------------------|-------------------|-------------------|
| | | | | | |

13. Other Qualifications (e.g. Professional Trainings, Courses, Computer knowledge etc.)

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14. Details of Work Experience (in chronological order):-

| <u>Organization</u> | <u>Worked in capacity of</u> | Emoluments | <u>Duration</u> (Exact dates to be given) | | <u>Total period (in years)</u> | <u>Nature of duties & their relevance with this position area</u> |
|---------------------|------------------------------|------------|--|----|--------------------------------|---|
| | | | From | To | | |
| | | | | | | |

15. List of Publications in SCI Impact journals:
.....
.....
.....”

16. List of Patents Applied for / Granted:.....
.....
.....
.....”

17. Time required for joining:

18. Name and address of 3 referees (with email addresses)

- 1.....
- 2.....
- 3.....

19. List of enclosed documents: 1.....
(in favour of claims) 2.....
3.....
4.....

DECLARATION BY THE CANDIDATE

I, _____ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility detected before or after engagement for the work, the candidature/engagement would stand automatically null and void.

Place:
Date:

Candidate's signature _____

Full name _____