

सी.एस.आई.आर मद्रास कॉम्प्लेक्स C 3 | R MADRAS COMPLEX

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	r/ '		ation No. : M nician (1)	C/04/201	3	,,			
1.	Car	ndidates Name	:								
2.	Fat	her's/ Husband's Name	:								
3.	Dat	te of Birth and Age	:						۸.,	. D (
4.	Address for : Perm Communication			ermaner	nt	nt		Affix a Recent Passport Size Photo			
5.		ephone No(s) tionality / Religion	 								
6.		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			SIIDIACTE		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.		ether you have any blood rel	ative	workina ir	ı : YES/NO						
٠.		IR Madras Complex, Chenna		(If yes, give his/her complete details)							
10.). Name & Address of Two Referees			: (1)	: (1) (2))			
11	۸۰۰	v other relevant information									
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

^{*} Attach separate sheet if required.