

## APPENDIX 'A'



**Defence Institute of Advanced Technology (Deemed University),  
Girinagar, Pune-411 025  
ISO 9001: 2000 Certified Institute  
(An Autonomous Organisation fully funded by Department of  
Defence Research & Development, Ministry of Defence)**

**FOR OFFICE USE ONLY**

**APPL. NO.**

**DATE:**

PASTE HERE A SIGNED  
COPY OF YOUR  
RECENT PASS-PORT  
SIZE PHOTOGRAPH

Name of the post applied for: - **Laboratory Assistant**

Demand Draft No.. ..... Date .....

for Rs. ...., Bank .....

payable at ..... Branch .....

Advt. No.....Date.....

### **GENERAL INFORMATION:**

1. Name in Full: .....

2. Father's/Husband's Name:.....

3. Date of Birth: Day.....Month.....Year.....

(As recorded in Matriculation or equivalent certificate)

4. Age (as on the last date fixed for the receipt of application) : .....years.....months.

5. Nationality: .....

6. Marital Status: Married / Unmarried

7. Sex: Male / Female

8. Do you belong to Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class(OBC)(Non Creamy layer)/Person with Disability (PWD) or Ex-Serviceman? If Yes, specify.....

9. PERMANENT ADDRESS:

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10. ADDRESS FOR CORRESPONDENCE: .....

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.....Email

.....

Land-line Ph.: ..... Mobile .....

11. EDUCATIONAL QUALIFICATIONS (\*) (from Matriculation onwards):

Examination	Board / University	Year of Passing	Marks			Class/ Grade	Subject(s)
			Obtained	Out of	% of Marks		
Matriculation (10 <sup>th</sup> )							
Higher Secondary / Intermediate (12 <sup>th</sup> )							
Diploma/ Bachelor's Degree							
Any other Bachelor's Degree							
Master's Degree							
M. Phil.							
Ph. D.							
Technical Qualifications (if any)							
Any other Qualification (if any)							

**(Note : (\*) Please attach separate sheet if the space is insufficient)**

12. TEACHING/TECHNICAL/PROFESSIONAL EXPERIENCE (Starting from the latest): (\*)

Designation	Name of the Organization	Scale of Pay/ / Pay Structure Pay in Pay Band+GP/AGP#	Nature of Appointment Regular/Permanent/ Temp./on contract/ Adhoc	Period of Service		
				From	To	Period

(Note : (\*) Please attach separate sheet if the space is insufficient)

(Note : # Please indicate Band Pay and Grade Pay separately)

13. ADDITIONAL INFORMATION, IF ANY:

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14. I hereby declare that all entries made by me 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, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated. I have enclosed attested copies of the supporting documents in respect of Sr. No. 3, 8, 11 and 12 above.

Place.....

Date.....

Signature of the Applicant

(Encl : As above)

(The endorsement on page is to be signed and forwarded by the Head of the Department/Employer in the case of the in-service candidates whether in permanent or temporary capacity failing which the application is liable to be rejected).

ENDORSEMENT OF THE EMPLOYER

Ref. No.....

Date.....

1. The application of \_\_\_\_\_ is hereby forwarded with the remarks that we have no objection to his/her application being considered.
2. Certified that the information given by the applicant in this application form has been checked/verified and found to be correct with reference to his/her service records.
3. Applicable in case of deputation: Attested copies of the applicant's confidential reports for the preceding five years alongwith vigilance/integrity certificates are enclosed.

Signature of the forwarding Officer  
(with office seal)

CHECK LIST

- |    |  |       |                          |    |                          |
|----|--|-------|--------------------------|----|--------------------------|
| 1. | Have you signed the Application?<br>(Tick ✓ Yes or No)   | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. | Have you attached the Attested Copies of all the<br>Certificates/Testimonials?<br>(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. | Have you enclosed proof of Age?<br>(Tick ✓ Yes or No)  | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. | Have you enclosed requisite Demand Draft ?<br>(Tick ✓ Yes or No)                                     | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. | Have you enclosed Attested Copy of<br>SC/ST/OBC/PWD/Ex-Serviceman Certificate?<br>(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |