

# NATIONAL CENTRE FOR CELL SCIENCE, PUNE

## APPLICATION FORM

Affix  
Photograph  
Here

1	Advertisement No.	Admn-03-2014			
2	Name of the post and Sl. No.:	<b>Office Assistant 'A'</b>			
3	Name in full (in block letters)				
4 a)	Address for Correspondence				
b)	Permanent Address				
c)	*E-mail Id : .	d) * <u>Phone Numbers</u> Landline No. with STD Code :  Mobile No. :			
5	a) Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> <div style="text-align: center; margin-top: 5px;">dd    mm    yy</div>				b) Present Age: _____ Years _____ Month
	c) Sex: Male/Female	d) Place of Birth:			
	e) Whether UR/SC/ST/OBC/PH (with % age of disability) :	f) Married / Unmarried :			
	g) Nationality :-				
6.	Father's /Husband's Name :				

7. Educational Qualifications				
Examination passed (SSC onwards)	Year of Passing	School/College /University in Which studied	Class / Percentage obtained	Special subjects taken
S.S.C				
H.S.C				
Graduation				
Post graduation				
Doctorate				
Specialization				

8. The languages you can	Read :
	Speak :
	Write :

**\* Mandatory Field**

9. Previous Service Details : (Chronologically starting from the present employer)							
Name & Address of the employer	Date of		Post held	Scale of pay / Pay Band	Total Emoluments	Nature of Duties	Reasons for leaving
	Joining	Leaving					

10. Reference – not acceptable from relation – Give full name & addresses of two referees with telephone Nos.	
1.	2.

11. If selected what notice would you require for joining the post:	
---	--

12. Are you going to accept minimum of the scale:	
---	--

13. Additional information, if any.	
-------------------------------------	--

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:

Place:

**Signature of the candidate**