

**SRINIVASA RAMANUJAN INSTITUTE FOR BASIC SCIENCES (SRIBS),**

**KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY & ENVIRONMENT (KSCSTE),**

**and**

**RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY (RGCB)**

**BIO-INNOVATION CENTER, KINFRA FILM & VIDEO PARK,**

**SAINIK SCHOOL POST, KAZHAKUTTOM, THIRUVANANTHAPURAM 695585**

***(All the columns are to be compulsorily filled in neatly in capital letters or printed on A-4 size paper)***

**APPLICATION FOR THE POSITION OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advertisement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Affix Passport sizePhotograph |

1. Name of the Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Father’s / Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. a. Postal address for communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. a. Telephone No. & Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. E-mail (if available) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Whether belongs to SC/ST/OBC/

 Physically Handicapped /Ex-Servicemen

 *(Specify and enclose valid certificate)* \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

9. Have you ever been convicted by a

 court of law or is there any criminal case/

 disciplinary action / vigilance enquiry

 pending against you? If so specify \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contd…2/-

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10. Educational Qualifications (Attach copies of certificates / mark sheets, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ExaminationPassed | Board/University | Duration | Year ofPassing | DivisionWith %ofmarks | Subjects studiedSpecialization |
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11. Details of employment in reverse chronological order *(attach separate sheet, if necessary)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Department/Institute/company | Permanent/Temporary/Contract | Period of employment | Scale of pay | GrossAmount |
| From | To |
|  |  |  |  |  |  |  |
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12. If appointed, how much time you require for joining the position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Any other relevant information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Details of Enclosures:

(Attested copies of certificates in support of Educational Qualifications and Work Experience, as well as a detailed biodata must be enclosed with this application)

I hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied by me and all statements made and information furnished in this application are true and complete to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact including category or educational qualification, etc. made in my application form, I understand that I will be denied any employment in the Institute and if already employed in any position in the Institute, and my services will be terminated forthwith.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the candidate