

CENTER OF INNOVATIVE AND APPLIED BIOPROCESSING (CIAB) (A National Institute under Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India) C-127, 2<sup>nd</sup> Floor, Phase-VIII, Industrial Area, S.A.S. Nagar, Mohali-160071 Website: <u>www.ciab.res.in</u>; Tel: 0172-4990232; FAX: 0172-4990204

To be filled in by the candidate	For Office use	
Advt. No.	Application S. No:	Affix your self- attested recent
Post applied for		coloured size passport photograph
	Date of receipt:	
Post Code/Sr. No. if any		

1.	Name in full (IN BLOCK LETTERS)					
2.	Please Tick:	Male		Female		
					[]	
		Married		Unmarried:		
3.	Father's/ Husband's Name					
4.	Mother's Name					
5.	Date of Birth:			Place of Birth		
6.	Age (as on 20-04-2015)	Years	Months	6	Days	
7.	Postal Address					
		Pin:				
8.	Phone No. (with STD code)					
9.	Mobile No					
10.	E-mail					

11.	Permanent Home Address	Pin:
12.	Are you a citizen of India by birth or by domicile?	

### 13. 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

14. Are you related to any employee(s) of the Department of Biotechnology/Center of Innovative & Applied Biotechnology Institute?

If Yes, Give Details:

15. Educational/ Professional Qualifications (Class 10<sup>th</sup> Onwards):

<u>Exam.</u> Passed	<u>Division / %</u> age of marks	<u>Year of</u> Passing	<u>*Duration of the</u> <u>Degree /Diploma</u> From to	Board/Univ.	<u>Subject(s)</u>

\* Exact dates (day/month/year) of start and completion of degree / certificate of course to be given.

16. Professional Qualification (e.g. Professional Trainings, Courses, workshops etc.)

<u>Exam.</u> Passed	Division/ Grade & % age of marks	<u>Year of</u> Passing	Duration of the training/courses etc.	Institute / Organisation	<u>Subject(s)</u>

## 17. For the position of Senior Technical Assistant / Technical Officer

- T-1. Title of M.Sc. Dissertation (if any)
- 18. Details of employment (in chronological order):-

<u>Organization</u> (also specify whether Govt./PSU or Autonomous body or /Private)	Post Held (Also specify whether regular or contractual)	Scale of pay/ Pay Band and Grade Pay	State if Pay Scale is Govt. (CDA or IDA)	Dura (Exact d be giv From	ates to	<u>Total</u> <u>period</u> (in years)	Nature of duties (enclosed a separate sheet in case the space is insufficient)



20. If your answer at 19 (above) is Yes, please state if you are a **Regular Employee or / are an employee** on **Probation\_\_\_\_\_\_** 

21. Honours, Awards, additional qualifications/recognition like membership of professional societies etc.

#### 22. Time required for joining:

#### 23. Name and address of 3 referees (with email address)

<u>S/ No</u>	Name	Address	<u>E-Mail ID / Phone No.</u>
1.			
2.			
3.			

24. Additional information, if any, which you would like to mention in support of your suitability for the post. (This among other things may provide information with regard to (i) additional academic qualification (ii) professional training and (iii) work experience over and above the minimum prescribed in the Vacancy Circular / Advertisement). -

(NOTE – Enclose a separate sheet, if the space is insufficient).

#### 25. List of enclosures

S/ No	Enclosures
1.	
2.	
3.	
4.	
5.	
6.	
7.	

### **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 being detected before or after the selection, my candidature is liable to be cancelled and action taken against me. I also agree that CIAB may contact any or all of the above three referees named by me and seek information about me in confidence. I am aware that CIAB is free to act upon such information independently to judge my suitability for the post applied for.

Place: Date: Candidate's signature\_\_\_\_\_

Full name\_\_\_\_\_

## Endorsement by the Head of the Department or Office

Candidate holding a regular / permanent position in Gove following endorsement signed by	
No	Date
Forwarded application of Mr./ Ms	(Name & Designation).
It is certified that:	
1. The information furnished by Mr./Ms been verified from official records and found correct.	
<ol> <li>It is also certified that no disciplinary departm against</li> </ol>	
3. His/ Her integrity is certified.	
	Signature

Designation.....

Stamp:

# (To be submitted along with the completed Application Form)

1.	Position & Advt. No.	
2.	Name	
3.	Address	
4.	Email ID	
5.	Telephone No.	
6.	Date of Birth	
7.	Age (as on 20-04-2015)	

	Qualification	ons			<u>Experience</u>		Additional	
Graduat	ion	Post	-Graduation	Organization	Pay Scale & Pay Band		Period	Or Desirable Qualifications Or
Course & (Branch or subjects)	Pass Year (% marks or GPA)	Course & Subject	Pass Year (% marks or CGPA)	And Post Held	and Grade Pay With dates		<u>Remarks</u>	

.....Signatures

### SELF DESCRIPTION OF QUALIFICATIONS REQUIRED vs. POSSESSED

(To be submitted along with the completed Application Form)

- 1. Name:\_\_\_\_\_
- 2. Date of Birth & Age (as on 20-04-2015): \_\_\_\_\_
- 3. Position & Advt. No. \_\_\_\_\_

Parameter	Required as per Advertisement	Possessed by you with comments, if any
Age		
Educational Qualification 1		
Educational Qualification 2		
Educational Qualification 3		
Other Academic credentials, like Technical leadership		
Other Experience (duration & Nature)		
Professional Skills/Competences Match		
Output/Outcome/Achievements of work		
Other Technical credentials, if applicable		

.....Signatures