

**नवोन्मेषी एवं अनुप्रयुक्त जैव - प्रसंस्करण केंद्र (सीoआईo ऐo बीo)**

**(जैव प्रौद्योगिकी विभाग के तहत एक राष्ट्रीय संस्थान)**

**विज्ञान एवं प्रौद्योगिकी मंत्रालय (भारत सरकार)**

**CENTER OF INNOVATIVE AND APPLIED BIOPROCESSING**

**(A National Institute under Dept. of Biotechnology,**

**Ministry of Science & Technology, Govt. of India)**

**2nd Floor, C-127, Phase VIII, Industrial Area, S.A.S. Nagar, Mohali-160071 (Pb.) वेबसाइट/Website: www.ciab.res.in**

**फ़ोन /Tel: 0172-4990232, फ़ेक्स/Fax: 0172-4990204**

**FORM OF APPLICATION FOR RECRUITMENT OF SCIENTIFIC STAFF/FACULTY**

**ADVERTISEMENT No: CIAB/18/2015-Rectt.**

**(*ROLLING ADVERTISEMENT TILL JUNE, 2016*)**

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

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| --- | --- | --- | --- |
| 1. | Name in full  (***IN BLOCK LETTERS***) |  | |
| 2. | Please Tick: | Male    Married | Female  Unmarried: |
| 3. | Father's/  Husband’s Name |  | |
| 4. | Mother’s Name |  | |
| 5. | Date of Birth: |  | |
| 6. | Place of Birth |  | |
| 7. | * Age (for applicants upto as on January 07, 2016) * Age (as on June 07, 2016 for applicants after January 07, 2016) | Years Months Days  Years Months Days | |
| 8. | * Duration of Post-Doctoral R&D Experience (as on January 07, 2016)\* * Duration of Post-Doctoral R&D Experience Age (as on June 07, 2016)\*   \*Give details under 23 in this form | Years Months Days  Years Months Days | |
| 9. | Postal Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pin: | |
| 10. | Phone No. (with STD code) |  | |
| 11. | Mobile No |  | |
| 12. | E-mail |  | |
| 13. | Permanent Home Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pin: | |
| 14. | Are you a citizen of India by birth or by domicile? |  | |

15. 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***)

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| **Physically Handicapped** | **Scheduled Caste** | **Scheduled Tribe** | **Other Backward Class** |
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16. Are you related to any employee(s) of the Department of Biotechnology or Center of Innovative & Applied Bioprocessing (CIAB)? If Yes, Give Details:

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

17. Educational/ Professional Qualifications

***(a) (Class 10th Onwards to Master’s Degree(s):***

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| --- | --- | --- | --- | --- | --- |
| **Exam. Passed** | **% age of marks or CGPA** | **Year of Passing** | **Duration of the Degree, etc.** | **Board/Univ.** | **Subject(s)** |
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18. Title of Master’s Dissertation(s), if any

***19. Details about Ph.D. Thesis and Degree, if applicable***

1. Exact subject in which registered for Ph.D. or Thesis submitted for or Degree Obtained
2. Date (DD/MM/YYYY) of Registration/Enrolment for Ph.D. Degree
3. Date (DD/MM/YYYY) of Submission of Ph.D. Thesis or Award of Degree
4. Full Title of Ph.D. Thesis
5. If as per advertisement for the position for which this application is being submitted, it is required to reflect subject/topic of specialization of your Ph.D. dissertation. Please indicate your specialization below and provide a (half to one) page summary of your Ph.D. research work in testimony of the same (as a SEPARATE ANNEXURE).

20. Area(s)/Domain(s) of substantial and functional core competence as Post-Doctoral Work Profile, if any

21. Professional Qualification (e.g. Professional Trainings, Courses, Workshops etc.)

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| **Exam. Passed** | **Division/ Grade & % age of marks, if applicable** | **Year of Training** | **Duration of the training/courses etc.** | **Institute / Organisation** | **Subject/Topic** |
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22. Details of employment (in chronological order):-

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| **Organization**  (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) | **Duration**  (Exact dates to be given) | | **Total period**  (in years) | **Nature of duties**  (enclosed a separate sheet in case the space is insufficient) |
| **From** | **To** |
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23. Detailed Profile & Duration of Post-Doctoral R&D Experience

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| --- | --- | --- | --- | --- |
| R&D Organization/Academic Institution | Date From | Date Upto | Total Duration  (Years, Months, Days) | R&D Work/Project |
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24. Sponsored, Collaborative and/or Inter-Institutional Network Projects or Programs of Research worked in as member and/or leader (give title of project, your role therein and Duration)

(i)

(ii)

(iii)

25. Relevant Professional Honours, Awards, Accreditations/recognitions etc.

(i)

(ii)

(iii)

26. Inter-Disciplinary/Cross-disciplinary R&D work or interface of R&D work, if any, (Please give only bulleted summary)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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27. Are you also willing to be considered for a position at pay-band and/or Grade Pay lower than the one you have applied for herein?\_\_\_\_\_\_\_\_\_\_\_\_\_(Please write YES or NO).

28. Time (in Months) required for joining, if selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Additional information, if any, which you would like to mention in support of your suitability for the post:

30. Do you dispassionately feel that you deserve to be considered by the screening-cum-shortlisting committee for relaxation of age and/or duration of R&D experience in view of your relevant extra-ordinary or special/outstanding achievements/outputs/contributions/scholarly standing etc., if so, please state them parametrically below in bulleted form (not more than 5 bullets).

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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*(Each parametric point of exceptionality indicated for consideration must be supported by testimonial documents)*

31. Names and addresses of 3 referees (***with email addresses***)

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| --- | --- | --- | --- |
| **S/ No** | **Name** | **Address** | **E-Mail ID / Phone No.** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

32 List of enclosures

|  |  |
| --- | --- |
| **S/ No** | **Enclosures** |
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**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: Candidate's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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

**Endorsement by the Head of the Department or Office**

***(Candidate already in employment should get the following endorsement signed by his/her present employer)***

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded application of Dr./ Shri / Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & Designation).

It is certified that:

1. The information furnished by Dr./ Shri / Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been verified from official records and found correct.
2. It is also certified that no disciplinary/ departmental enquiry is either pending or contemplated against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that he/she is not undergoing any penalty.
3. His/ Her integrity is certified.

Signature……………………….

Designation……….…………….

Official Stamp:

**STME 1. *Title of Ph.D. Thesis*:**

**..................................................................................................................................**

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**STME 2. Title of Masters Dissertation (if applicable)**

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**STME 3. Number of Publications in SCI Impact Journals**

**(**Give full details as *Annexure 1***)**

**STME 3.1. No. of SCI Impact Publications of last 5 Years**

**(**Give full details as *Annexure 2***):**

**STME 3.2. Three best and relevant publications (with full details)**

**1.**

**2.**

**3.**

**STME 3.3. No. of publications in non-SCI journals**

**(**Give full details as *Annexure 3***):**

**STME 4. Numbers of Patents:**

**(Granted + Applications at Patent Offices + Submitted to your IPR Cell/Office)**

**(**Give full details as*Annexure 4***)**

**STME 4.1. No. of Patents Licensed for Use**

**(**Give full details as *Annexure 5***):**

**STME 4.2. No. of Patents in Practice/Translation/Usage/Advancement**

**(**Give full details as *Annexure 6***)**

**STME 4.3. No. of Patents around the best single core invention/process/product: (**Give full details as *Annexure 7***):**

**STME 5. No. of Technologies/processes of developed for potential use:**

**(**Give full details as *Annexure 8***):**

**STME 5.1. No. of processes/technologies developed during last 5 years:**

**(**Give full details as *Annexure 9***)**

**STME 5.2. No. of Technologies/processes translated for end usage:**

**(**Give full details as *Annexure 9***)**

**STME 5.3. Specify your 3 best Technologies/Processes/Translational leads:**

**1.**

**2.**

**3.**

**STME 6. Which area of agri-produce bioprocessing interests you most & why?** (max 200 words)

(*Attach a separate annexure as Annexure-10*)

**STME 7. State your 3 strengths?**







**STME 8. Given the opportunity, which aspect of innovation and technology translation/up- scaling would you like to get your competence developed/improved.**

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**STME 9. Write an essay on your vision of agri-produce bioprocessing for significant techno- economic impact in India. You may have a region-specific thought too (**max 500 words, attach a separate annexure as Annexure-11)

**STME 10. Assuming that you work in an institute like CIAB and have the option to choose the path of career progression based on your performance, what would you count on most for your assessment i.e. prioritise (1st , 2nd ,3rd , 4th ) your intended target of output from the work at CIAB.**

|  |  |
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|  | Please give ranks |
| Publications |  |
| Patents |  |
| Technologies Translated |  |
| Products Delivered |  |

**STME 11. Please list your three most significant successes/accomplishments you are happy about or proud of:**

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**SELF DESCRIPTION OF QUALIFICATIONS REQUIRED vs. POSSESSED**

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

1. **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **(i) Date of Birth & Age (as on January 07, 2016 for first review):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ii) Date of Birth & Age (as on January 07, 2016 for subsequent review):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Advt. No. CIAB/18/2015-Rectt.**
2. **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Parameter*** | ***Required as per Advertisement*** | ***Possessed by you with comments, if any*** |
| ***Age*** |  |  |
| ***Educational Qualification*** |  |  |
| ***Other Academic credentials, like R&D/Technical leadership*** |  |  |
| ***Research/Industrial Experience,***  ***if applicable &***  ***Other Experience (duration & Nature)*** |  |  |
| ***Professional Skills/Competences Match*** |  |  |
| ***Output/Outcome/***  ***Achievements***  ***of work*** |  |  |
| ***Other Technical/***  ***Translational/***  ***Scientific credentials, if applicable*** |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of applicant**

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| **SYNOPSIS SHEET [*to be submitted as hard copy with application form and soft copy by e-mail to* (**[**ceo@ciab.res.in**](mailto:ceo@ciab.res.in) **and/or ao@ciab.res.in)]** | | | | | | | | | | |
| **ADVERTISEMENT NO.** | **CIAB/18/2015-Rectt.** | | | | | | | | | |
| **NAME OF THE POST** |  | | | | | | | | | |
| **NAME, DOB & Category (Gen/OBC/SC/ST/PH)** | **Qualifications (from 10th onwards)** | | | | **Experience (in chronological order)** | | | | |  |
| **Examination passed, year of passing and duration of degree etc.** | **%age of marks or CGPA** | **Name of Board/ University** | **Subjects/**  **Specialisation** | **Organization Name** | **Position Held** | **Duration** | **Pay Scale** | **Total Period** | **Additional Qualifications** |
|  |  |  |  |  |  |  |  |  |  |  |