



नवोन्मेषी एवं अनुप्रयुक्त जैव - प्रसंस्करण केंद्र (सी०आई० ऐ० बी०)

(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)

Sector-81 (Knowledge City), Manauli P.O., S.A.S. Nagar,
Mohali – 140306 (Punjab)

वेबसाइट/Website: www.ciab.res.in

Application Form

(ADVERTISEMENT NO: CIAB/59/2021-Rectt.)

Affix your recent
coloured self-
attested
passport size
photograph

Sr. No. and Name of the Position _____

1. Name in full (IN BLOCK LETTERS)

2. Please Tick: Male..... Female:

3. Please Tick: Married..... Unmarried:

4. Father's/Husband's Name.....

5. Mother's Name.....

6. Date of Birth (DD/MM/YYYY).....Place of Birth.....

Age (As on 12-03-2021): Years.....Months.....Days.....

7. (a) Postal Address.....

.....

.....PIN CODE.....

Phone No :(with STD code).....Mobile No.....

E-mail

(b) Permanent Home Address.....

.....

.....PINCODE.....

8. Are you a citizen of India (By birth or by domicile)

9. 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 |
|------------------------|-----------------|-----------------|----------------------|
| | | | |

10. Educational/ Professional Qualifications (Class 10th Onwards):

| <u>Exam. Passed/ Degree</u> | <u>Division/ Grade & % age of marks</u> | <u>Year of Passing</u> | <u>Duration of the Degree, etc.</u> | <u>Board/Univ</u> | <u>Subject(s)</u> |
|-----------------------------|---|------------------------|-------------------------------------|-------------------|-------------------|
| | | | | | |

11. Other Qualifications (e.g. Professional Trainings, Courses, Computer knowledge etc.)

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12. NET/GATE/Any other National Level Examination of equivalent level qualified (Yes/No).....

If yes, which agency.....

13. Do you possess your own NET Fellowship (Yes/No).....

If yes, which agency and date up to which it is valid.....

14. Details of Work Experience (in chronological order):-

| <u>Organization</u> | <u>Designation</u> | <u>Emoluments</u> | <u>Duration (Exact dates to be given)</u> | | <u>Total period (in years)</u> | <u>Nature of duties & their relevance with this position area</u> |
|---------------------|--------------------|-------------------|---|-----------|--------------------------------|---|
| | | | <u>From</u> | <u>To</u> | | |
| | | | | | | |

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|--|--|--|--|--|--|--|

15. Ph.D Thesis Title: “.....
.....
.....”

Date of submission of Ph. D thesis.....

Date of Ph.D Viva.....

Date of award of Ph.D Degree.....

16. List of Publications:
.....
.....
.....

17. List of Patents Applied for / Granted:.....
.....
.....

18. Time required for joining:

19. Name and address of 3 referees (with email addresses)

- 1.....
- 2.....
- 3.....

20. List of enclosed documents: 1.....
(in favour of claims) 2.....
3.....
4.....
5.....
6.....

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 detected before or after engagement for the work, the candidature/engagement would stand automatically null and void.

Place:
Date:

Candidate's signature_____

Full name_____