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| **REGISTRATION FORM**  PHOTO | | | | | | | | | | | | | |
| Ref: Advertisement No: 02/2023-24-HRD | | | | | | | | | | | | | |
| Post Code: | | | | | | | | | | | | | |
| 1 | Name of the Candidate  (in Block/ Capital letters) | | | | Dr / Mr / Ms: | | | | | | | | |
| 2 | Date of Birth (DD/MM/YYYY) | | | |  | | | | | | | | |
| 3 | Gender (Male/ Female / Others) | | | |  | | | | | | | | |
| 4 | Father’s/ Mother’s / Guardian’s name | | | |  | | | | | | | | |
| 5 | Nationality | | | |  | | | | | | | | |
| 6 | Religion | | | |  | | | | | | | | |
| 7 | Do you belong to SC/ST/OBC ? | | | |  | | | | | | | | |
| 8 | Permanent Address | | | | PIN: | | | | | | | | |
| 9 | Address for Communication | | | |  | | | | | | | | |
| 10 | Email | | | |  | | | | | | | | |
| 11 | Mobile Phone Number | | | |  | | | | | | | | |
| 12 | Have you worked at CSIR-NEIST/ CSIR as Project Worker?  If yes, please state the details | | | | Yes/No........    Date of joining: Date of release:  Project No.: Division: | | | | | | | | |
| 13 | Whether any of your relations employed in CSIR-NEIST/ CSIR? If yes, please state the details. | | | | YES/NO. | | | | | | | | |
| 14 | Academic Qualifications commencing from HSLC onwards | | | | | | | | | | | | |
| Examination  passed | | Year of  passing | | Board/University | | | Institution | | | Subjects/ Honours/ Specialization/ Branch etc | | Division/  Class | % of marks  Obtained |
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| 15 | Experience, if any: | | | | | | | | | | | | |
| Name of the Organization | | | Designation | | | Period | | | Last Pay | | Nature of Duties | | |
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| 16 | NET/GATE Qualified | | | |  | | | | | | If yes, Valid upto: …………… | | |
| 17 | Number of Publication | | | |  | | | | | | | | |
| Average IF | | | |  | | | | | | | | |
| 18 | Declaration: | | | |  | | | | | | | | |
| I hereby declare that the above information are true and correct to the best of my knowledge and belief. | | | | | | | | | | | | |
| Date: | | | | (Signature of the Candidate) | | | | | | | | |