



CENTRE FOR DEVELOPMENT OF ADVANCED COMPUTING
(A Premier R&D Organization of the Ministry of Electronics & Information Technology, Govt. of India)
Plot – E2/1, Block – GP, Sector - V, Salt Lake, Kolkata
West Bengal – 700091

APPLICATION FORM

1. Advt. No.	C-DAC(K)/Admin/HR/CNST/2020/Rec/01 Dtd: 12/12/2020		
2 (a). Post applied for:	(b). Post Code:		
3. Name			
4. Father's Name			
5. Sex (Male/Female)			
6. Nationality (mention by Birth / Domicile)			
7. Marital Status - Married :	Yes <input type="checkbox"/>	No.	<input type="checkbox"/>
8. Date of Birth (As per Class X Pass Certificate)	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year
9. Age (as on 31.12.2020)	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Months	<input type="text"/> <input type="text"/> Days
10. Religion			
11. Category	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/> UR <input type="checkbox"/> OTHERS <input type="checkbox"/>
12. Whether physically handicapped.	Yes <input type="checkbox"/>	No.	<input type="checkbox"/>
If yes give details	Disability category <input type="text"/> % of disability <input type="text"/>		
13. Identification marks	1.		
	2.		
14. Blood Group	<input type="text"/>		

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Passport size
Photograph



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15. Present Postal Address with Phone Number & e- mail address (for communication)					
	State: _____			Pin: _____	
	Phone : _____ e-mail _____				
16. Permanent Address					
	State: _____			Pin: _____	
	Phone : _____ e-mail _____				
17. Whom to contact in case of Emergency.	Name : _____				
	Phone : _____ e-mail _____				
18. Recognized Educational/Professional Qualification commencing from Secondary (Class X) onwards (Enclose documentary proof)					
Examination/Degree	Board/University	Subject	Year of passing	Class/Div.	Marks(%) or GPA



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19. Details of work experience (if any):					
Period		Name of Organization & Place	Designation/Post held	Gross Pay drawn (in Rs.)	Whether Permanent/Temporary
From	To				

20. Particulars of close relatives, working in C-DAC, if any		
Name of Relative & Relation	Division/Section Position	Date of Joining

21. Check list for the documents to be attached.		
Proof of age <input type="checkbox"/>	Education <input type="checkbox"/>	Experience. <input type="checkbox"/>
Proof of Caste <input type="checkbox"/>	Copies of Mark sheet <input type="checkbox"/>	

DECLARATION

I understand that the contractual appointment is purely temporary and I hereby declare that the information given above is correct, true to facts and nothing has been concealed / distorted. I am aware that, if at any time I am found to have concealed/distorted any material information, my candidature/engagement is liable to be summarily terminated without any notice.

Date: _____

(Signature of the Candidate)

Place: _____