

**CSIR-Central Institute of Medicinal and Aromatic Plants
PO CIMAP, Kurail Picnic spot Road,Lucknow PIN – 226015, India.**

APPLICATION FORM

Affix a signed copy of your recent passport size Colored photograph

1. Advertisement No. : _____

2. Post applied for : **Project Manager / Scientific Administrative Assistant**

3: Project Name : CSIR Aroma Mission Phase II

4. Name of the candidate (in Block Letters)	
5. Sex (Male / Female)	
6. Father's Name	
7. Nationality (mention by birth / domicile)	
8. Present Postal Address (for communication purpose)	<p align="right">Pin Code <input type="text"/></p> <p>Tel/Mobile No. _____, E-mail: _____</p>
9. Permanent Address	<p align="right">Pin Code <input type="text"/></p> <p>Tel/Mobile No. _____</p>

10. Date of Birth (As per Matriculation / SSLC certificate)		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		DAY	MONTH	YEAR			
11. Age on the last date of Application i.e. 25-06-2021		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			
		YEARS	MONTH	DAYS			
12. Educational/Professional Qualification etc. commencing from SSC/10thStd onwards (Enclose documentary proof)							
Examination Passed	Year of passing	Marks obtained / percentage of marks			Class / Grade obtained	Duration of Degree/ Diploma Course	Board / University / Institution
		Max Marks	Marks obtained	Aggregate %age			
13. Experience: (Enclose documentary proof)							
Period		Name of Organization* & Place	Designation/ Post Held	Gross Pay Drawn Rs.	Permanent/ Temp. Post		
From	To						
14. Project Details: (Enclose documentary proof)							
Period		Project Title	Project Funding Agency	Total Project Cost (in Lakhs)	National Mega project (Yes/No)	Project Position (PI/Co-PI)	
From	To						

Note: * Please indicate whether the Organization belongs to Govt. /PSU/AUTONOMOUS. Also enclose Copies of certificates/testimonials etc. in support of proof of experience.

14. Any other details:

15. Particulars of close relatives : Name :
Working in CSIR-CIMAP, if any
Designation :
Division :
Relationship :

16. Are you under any bond/contractual obligation to serve Central / State Government / PSU / Autonomous or any other body / organization, YES NO

17. Whether dismissed from service from any other Institution / Office or debarred by the Public Service Commission, YES NO , if yes, give details _____

18. ENCLOSURES: (Please tick the appropriate box and arrange the enclosures as per the serial number)

- | | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| 1. SSLC/10 th Std Certificate (Proof of DOB) | <input type="checkbox"/> | 4. Community Certificate | <input type="checkbox"/> |
| 2. 12 th Std Certificate | <input type="checkbox"/> | 5. Experience Certificate | <input type="checkbox"/> |
| 3. Degree/PhD Marks sheets | <input type="checkbox"/> | 6. Knowledge of Computer Applications | <input type="checkbox"/> |
| | | 7. Project Experience | <input type="checkbox"/> |

DECLARATION

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 information, my candidature/appointment is liable to be summarily terminated without notice.

Place: _____

Date: _____

Name & Signature of the candidate