

Indian Council of Social Science Research (ICSSR)

Aruna Asaf Ali Marg, JNU Institutional Area, New Delhi – 110 067 www.icssr.org

FORMAT OF APPLICATION

Affix recent

passport size

photograph

duly signed by the applicant

1.	Post applied for (i) Whether Direct/Deputation	·
_	- please specify	:
	Name of the applicant	:
	Father's Name	:
4.	Husband's Name (In case of Married female candidate	b):
5.	Date of Birth (DD/MM/YYYY) & Age as on	
	Last date of Application	:
6.	Nationality	:
7.	Sex- Male/Female	:
8.	Category (SC/ST/OBC/Gen./PH)	:
9.	Address for communication	:
		Pin Code:
10.	E-Mail ID	:
	Telephone/Mobile No. Present post held/	:
	Name of the office	:

	The Present		ın		:							
	Present Basi Regular Pay		-									
	Pay Scale as Level as per Educational	7 th CPC			:							
S.No.		Board / U		y	Year D	ivision	Percentag (%)	e Subject				
17.	attach attes Details of Pro Technical Ed Experience:	ofessional	/			·						
S.No.	Name of organization with address		From	То	No. of Years	Experience Months		Nature of duties (attach experience Certificate)	Whether regular/ ad- hoc/Full time/Part time			

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•	e use extra she		quired)						
19.	Languages Kno	own			:				•••••
20.	Have you ever	been in	nposed						
	any penalty		•		:				
	(If yes please	give dete	ails)						
21.	If any departn				ng				
	or contemplat	_	-	•	:				
	(If yes please g	give det	ails)		•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	••••••
	Which you wo in support of y the post applic	our suit			:				
23.	DECLARATION	:							
(i)	the statemer knowledge a or incorrect requirement be cancelled	nts madend belied at any mention / termin	e in this f. I und stage ned in nated.	s app ersta or no the a	olication and that ind that in satisficial satisficial depth in the satisficial satisficia	are true, c n the ever ying the e ment, my	omplete nt of any eligibility candida	and correct to information b conditions ac ture/ appointr	nent and that all the best of my eing found false coording to the ment is liable to
(ii)	I have enclos	ed the r	equired	d self	-attested	d copies of	the cert	ificate.	
								(Signature o	of the applicant
Place:									
Date:									

Certificate I	by the	forwarding	office,	in cas	e of application	n is through	prop	er channel.	
Forwarded	and	certified	that	the	information	furnished	by	Shri/Smt.	/Ms.
In his/her ap relevant exp	•				ecords and is fo description.	und to be co	rect a	nd he/she is	having
It is further Shri/Smt./M		-			linary case is ei	ther pending	or co	ntemplated a	ıgainst
Certified cop	ies of A	PARs for the	e last fiv	e years	s are attached ir	n separate sea	aled do	ossier.	
						Signati	ure		
						Name			

Designation _____

(Office seal)