

**Annexure 1 - Application Form****Engagement of Retired Employees as Consultant in CSIR- IMMT, Bhubaneswar**

Affix your
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photo

Advertisement No. _____ Dated _____

1. Post Code: _____

2. Full Name: _____

3. Father's Name: _____

4. Date of Birth: _____ (DD/MM/YYYY)

5. Age (as on date of Walk-in-Interview): _____

6. Gender: Male/ Female _____

7. Category (UR/SC/ST/OBC/EWS/PWD/Ex-Serviceman): _____

8. Present Address (PIN code):

9. Permanent Address (PIN code):

10. Mobile No. _____

11. E-mail Address: _____

12. Basic Pension: _____ (enclose self-certified copy of PPO)

13. Last Pay Drawn and Pay Level: _____ (enclose self-certified last pay slip)

14. Whether any disciplinary proceedings initiated against him/her: Yes/No.

15. Details Address of Employer:

S. No	Name of Office/ Dept./ Organisation	Office Address	Office Phone No.	Office Email ID

16. Details of the Education Qualification held by the Applicant.

S. No	Education Qualification	Passing Year	Marks	Percentage

17. Employment History in chronological order.

(Attach separate sheet in following format, if necessary)

Name and Address of Employer/ Organization	Period of Service	Designation of the post Held	Remuneration Grade Pay/Pay Level	Detailed Description of work	Reason of Leaving Each post

18. Professional Trainings/ Certifications

Organization	Details of Training/Certificate	Period	
		From	To

19. Name of two referees: (Not below the rank of Under Secretary/Deputy Secretary)

S. No	Name	Designation	Name of Office/Dept./Organisation	Known for (No. of Years)	Mobile No.	Email ID
1.						
2.						

Declaration: I hereby solemnly declare that all the above-mentioned statements are true and correct to the best of my knowledge and belief. Nothing is false or has been concealed/ distorted. If at any time I am found to have concealed/ distorted any material/ information, my engagement shall be liable to termination without notice.

Place: _____

Signature of Applicant _____

Date: _____

Name of the Applicant _____



Annexure 2

Service cum Experience Certificate

Certified that Dr/Mr/Mrs..... was employed
in the office of the.....in the position of/
post held in the pay level..... (7th CPC) for the period from
..... to..... which is a CSIR/ Central/ CAB/ Central PSUs/ State Govt/ State PSUs/
State Autonomous. His/ her nature of duties includes

.....
.....
.....
.....
.....

Signature of the officer (with seal)

Name:

Designation:

Address:

Place:

Date:

