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APPLICATIONFORM

AdvertisementNo.:2/2021			Amount R	s.				D.D.	for Rs.		
Post ap	plie	d for			Demand D)ra	ft/				Removed on
					UTR No:					Date):
Category	UR	OBC (NCL)	SC	EWS	Bank Nam	e:				Date	·•
Pl.√					Branch Na	me	e:				
					Date:						Administration
1.	Noti	ificatio	n No				2/2	0021			
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3.		ne of tl		andidate etters)		:					
4.	Mot	her's N	lame			:					
5.	Fath	ner's N	ame,	'Husband'	s Name	:					
6.	Date	e of Bi	rth			:					
7.		ether b		g to SC/S ⁻	T/EWS/	:					
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9.	Add	ress (ir	n CA l	PITAL let	ters)						
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	(b)	For c	ommunic	cation :								
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10.	(a) Mobile	No	:									
	(b) Email id Alternat		PITAL let		:							
11.	Attach docu of your clair OBC(Non-cr	ກ being	SC/ST/I	EWS/	t:Y	es c	or No)				

12. Educational qualifications (if space is insufficient use separate sheet)

S. No	Name of the Exam passed	Name of the Institution/Board/ University	Month and year of passing	Marks Secured	Percentage	Class/ Division
1	,	,	, - 3			
2						
3						
4						

13. Details of experience (if space is insufficient use separate sheet):

SI.	Name of	Name of the	Nature of	Period		Nature of	Contact person	
No.	the	organization	the	From	То	experience	with Mobile	
	position		organisation				No. & e-mail id	
	held							

14. In the light of the above, please provide information/documents in support of your educational qualification and experience in the following format (PLEASE ATTACH PROOF WHEREVER POSSIBLE AS SUPPORTING DOCUMENT):

	Prescribed educational qualification ESSENTIAL	Qualification/ experience possessed by the candidate	Remarks / deviations if any
Esse	ntial :-		
(i)	PhD. in Chemical / Biological/ Pharmaceutical Sciences in relevant fields from a UGC/AICTE recognized University / Institute;		
(ii)	Three years' post Qualification experience in the use of relevant analytical technique such as Chromatography, Immunoassays, Electrophoresis or Mass Spectrometry in relevant area of drug analysis.		
Or			
(i)	Master's degree in Chemical / Biological/ Pharmaceutical Sciences in relevant fields from a UGC/AICTE recognized University / Institute;		
(ii)	Six years' post Qualification experience in the use of relevant analytical technique such as Chromatography, Immunoassays, Electrophoresis or Mass Spectrometry in relevant area of drug analysis.		

DESIRABLE QUALIFCATION

(i) Experience in research & development in the field of drug analysis / sports dope testing evident by research publications Peer review journals;	
(ii) Experience in quality management system as per ISO/ IEC: 17025 and quality assurance processes.	

- 15. Whether qualifications/experience prescribed for the post applied for are satisfied (if any of the qualification secured by you is considered equivalent to the prescribed, indicate authority thereon):
- 16. Have you ever been outside India? If so, please provide details: **(other than personal visit)**

Country Visited	Date of Visit	Duration of Visit	Purpose of Visit

17.	Details	of	Post	Doctoral	work	or	experience	e after	Graduation	n/Post	Gradua	ation
and	papers pi	ubli	ished,	/Patents/	Award	s/R	ecognition	etc in	the format	given	below	as a
sepa	rate shee	et:										

For Published Papers:

SI No	Title of Papers, Authors names, Name of Journal, year, volume no., Page no.etc	Impact Factor

For Patents:

SI No	Title of Patent, Authors names/University/Company's	Patent Number
	name, Date or Year of filling/Awarded	

For Awards/Recognition:

SI No	Details of Awards/Recognition	Remarks

18. A write up in 100 words regarding why you wish to apply for this post including your vision for NDTL, if selected (*Please see NDTL's website for Vision/Mission/Area of Activities*)

19. References

(These referees should be residents in India and holders of responsible positions. They should be intimately acquainted with the applicant's character and work but must not be relatives. When the candidate has been in employment, he/she should either give his/her present or most recent employer or immediate superior as a referee or produce a testimonial from him/her in regard to the candidates fitness for the post for which he/she is an applicant)

Name		
Designation/ Occupation		
Address		
Email id		
Mobile No		

(Attested Copies of not more than two testimonials should be submitted. Original testimonials should not be submitted unless asked for and it should not more than 1 years old).

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20.	Any	other	informat	ion you	may lil	ke to	indicate	:
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21. List of Enclosures (as per check list) : Yes or No

DECLARATION

I hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied by me and all statements made and information furnished in this application are true and complete to the best of my knowledge and belief.

I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact including category, age or educational qualification, experience etc. made in my application form, I understand that my candidature / appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof without prejudice to take such other action as the NDTL may deem necessary.

(only for Candidates serving in Government / PSUs /	Autonomous institutions)
I hereby declare that I have regarding my application and the copy of this applic organization in due course of time and/or I will produce the considered for being called for integration in the considered for being called for integration.	ation will be forwarded by my parent duce a NOC from my parent office, if
Place:	
Date :	Signature of the candidate

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER/HEAD OF OFFICE/FORWARDING AUTHORITY, IF IN GOVT SERVICE AND APPLYING THROUGHPROPERCHANNEL

Certified that the particulars furnished by ______are correct and he/she possesses educational qualification and experience mentioned in the advertisement.

Further certified that:

- (i) There is no vigilance case pending/contemplated against him.
- (ii) His/her integrity is beyond doubt.
- (iii) No major/minor penalties have been imposed on him/her during the last10years

Signature

Name and Department office seal

SUMMARY OF APPLICATION FOR THE POST OF SCIENTIST C

(Submit information in landscape format)

Name	Particulars	Category	Date of Birth	Educational qualification	Experience	Remarks
	Mobile No					
	E-mail address					

APPLICATION FOR THE POST OF SCIENTIST C CHECK LIST

Name of the candidate:

SI No	Nomenclature	Page No
1.	Demand draft/ copy of UTR of NEFT	
2.	Summary of Application form	
3.	Application form for the post of Scientist C along with relevant attachments in r/o educational qualification and experience	
4.	Certificate: SC/ST/OBC (NC)/EWS/PwBD	
5.	10 th std mark sheet/ Birth Certificate	
6.	10+2 / Inter mark sheet	
7.	Graduation/Post Graduation/Ph D mark sheets/certificates	
8	Experience Certificate	
9.	Details of Publication/Patents/Awards & recognition	
10.	Testimonials	
11.	Write up in 100 words regarding your wish to apply for the post of Scientist C	
12.	Any other documents	

Name of the candidate:
Date: