सेवारत रक्षा कार्मिकों हेतु प्रमाण-पत्र

में यह	प्रमाणित	करता/करर्त	ो हूँ कि _पद (रैंक		अभिलेखों	के	अनुसार	क्रमांक	(संख्या) _, नाम
		अप			निर्धारित	कार्यः	काल की	अवधि को	
	को	पूर्ण करने व	वाले हैं।						
						(ক	मांडिंग ऑ	फिसर के ह कार्या	स्ताक्षर तय मुहर
स्थान:									
दिनांक:									
		37	, 18						
	1.1								
	34								
7938							۲.	mate	
								ы	
160		463		ď			18		
					الغليل				





CSIR-National Metallurgical Laboratory (Council of Scientific & Industrial Research) Jamshedpur-831007



Application form for the post of Driver against the Advt. No. 06/2025

Last date for receipt of duly filled in hardcopy of applications: 18.12.2025 (Thursday) upto 17:45 hours)

ost Code: D-1		Kindly paste a passpor
Name of the applicant (In block letters)	(Drang)	size colour photo (not more than three month old)
Date of birth (as per 10 th certificate)		_
Sex (M/F/Others)	7 - 1	Signature of the candidate
Marital status (Married/Unmarried/ widowed/judicially separated)		
Whether PwBD	Yes / No; if yes, Percentage of disability: Type of disability: Certificate No. & date: Certificate issuing authority:	
Category (SC / ST / OBC / EWS/UR)	24 57	
Whether Ex-serviceman	Yes / No; if yes, Date of entry in to service: Date of discharge: Designation last held: PPO No. & date: Whether already secured Govt. seat reserved for Ex-SM: Y/N	employment in a
Whether CSIR employee	Yes / No; if yes, Designation: Place of Posting:	
Father's / husband's name		
Mother's name		
Permanent Address		
Address for correspondence		

e-mail									
Mobile No.									
Education Qualific	ation (10 th / M	Iatricul	ation o	onwards)					
Exam passed / Do / Diploma	egree Years passing		Board Inivers	/ Counci		Subject	(s) stud	died	Percentage of marks
			7						
			-4	-			1		
			ш	110					
	1.0	10							
Details of Driving I	License (Must 1	oe valid	for dr	iving both	НМ\	and LM	IV):		
No.	Date of issu	ie D	ate til	l valid		ssuing thority		strict ued	& State where
		Ĥ	Y		¥	0			
	10	21		-1/4			7		
Experience of drivi	ng:	1	85		×	13	ſ		
Name and full address of the employer	permanent of	_	per nth	From	ratio To		Drove LMV HMV both	or or	Drove Passenger vehicle or good vehicle or both
		P	1	AT		-4			

Whether the applicant has knowledge of motor mechanism and will be able to remove minor defects in vehicle: Yes $\,/\,$ No

Other experience / work details, if any:

Name and full	Whether	Pay per	Dura	ation	Name of	Duties
address of the	permanent or	month	From	То	the Post	performed /
employer	temporary or				held /	performing
	part time				holding	
			_			
Whether any clo	se relative in CSI	R / CSIR-N	IMI or any	other I ah /	Institute of	CSIR: Ves
/ No	sc relative in Col	ik / Colk-i	WILL OF ALLY	other Lab /	mstitute of	CSIR. 1CS
/ 110						
If ves, kindly pro	ovide the followin	g informati	on:			

Name of the relative	Post workin		which	Lab / Institute	Relation applicant	with	the
		8	4				

		()	
Examination fee paym	ent details:	ES.	

Date of payment: Ref/Receipt No.: Amount paid:

Any other relevant information:

Declaration by applicant

I hereby declare that the information furnished by me in this application form is true and correct to the best of my knowledge. I understand that my candidature will be cancelled forthwith in case any of the information furnished by me is found to be false, incorrect or any discrepancy noted during the recruitment process. I understand further that my service will be terminated immediately even after my selection to the post also, in case any discrepancy / malafide is detected, at any time, in the above information furnished by me.

Signature	of the	applicant
0-0-10000	01 0110	orp product

Date:

Place: