



सी.एस.आई.आर. - राष्ट्रीय भौतिक प्रयोगशाला
CSIR-NATIONAL PHYSICAL LABORATORY
 (वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद)
 (Council of Scientific & Industrial Research)
 डा. के.एस. कृष्णन मार्ग, नई दिल्ली - 110012 (भारत)
 Dr. K.S. Krishnan Marg, New Delhi - 110012 (INDIA)



PART-I

The candidate may kindly go through the advertisement carefully before filling up the application form (Part I and Part II). An incomplete application will not be entertained. **No column in the application should be left blank -appropriate information or N.A. (Not Applicable) should be indicated.**

FOR OFFICE USE ONLY

To be filled up in the candidate's own handwriting ***in blue ink only*** and forwarded to the **Sr. Controller of Administration, National Physical Laboratory, Dr. K.S. Krishnan Marg, New Delhi -110012.** (Information should be factual and not descriptive)

Advertisement No.	Rectt./02/2026 [Technician (1)]			Paste your recent passport-size color photograph here. Put your <u>signature across</u> the photograph
Name of the Post				
Post Code	T2 -			
Demand Draft No.				
Amount of Demand Draft				
Bank Name and Date of Issue				
Branch Name / City Name				

1.	Name of Applicant (In Block Letters only)						
2.	Father's / Husband's Name (Tick ✓ whichever is applicable)						
3.	Mother's Name						
4.	Date of Birth of Applicant	Day (DD)		Month (MM)		Year (YYYY)	
5.	Age as on 30.06.2026	Years		Month(s)		Day(s)	
6.	Gender (Tick ✓ whichever is applicable)	Male		Female		Transgender	
7.	Correspondence Address with State and Pincode No.						
		State				Pincode No.	
7.	Permanent Address with State and Pincode No.						
		State				Pincode No.	

8.	Mobile No.											
9.	Email address (In Block Letters only)											
10.	Nationality (Tick ✓ whichever is applicable)	INDIAN					OTHERS					
11.	Category (Tick ✓ whichever is applicable)	GEN	SC	ST	OBC							
		Attach a self-attested copy of valid caste certificate in support of the claim for SC/ST/OBC										
12.	Whether you belong to the Minority Community (Tick ✓ whichever is applicable)							YES	NO			
	If yes, (tick ✓ whichever is applicable)		Muslim	Sikh	Christian	Jain	Parsi	Buddhist				
13.	Whether you belong to the EWS Category (If 'Yes', Attach a self-attested copy of valid certificate in support of the claim for EWS)							YES	NO			
14.	Whether belong to the PwBD Category (If 'Yes' Attach a self-attested copy of valid certificate in support of the claim for PwBD)							YES	NO			
15.	Marital Status (Tick ✓ whichever is applicable)	Married	Unmarried	Widow	Divorced	Legally Separated						
16.	Particulars of examinations passed and degrees / Technical qualifications obtained 10 th class onwards.											
	Examination passed	Board/ University	Total Marks	Marks secured	% age of marks	Year of passing	Subject (s)					
	10 th Matric											
17.	Details of professional experience/training, if any (attach a copy of proof), after acquiring the minimum qualification of the post/training, starting from the most recent one:											
	Name of Employer	Post Held	Duration		Experience		Gross Salary					
			From	To	Year(s)	Month(s)						

18.	Are You Currently Employed? (Tick (✓) whichever is applicable)	YES		NO		
	If "YES" (Tick (✓) whichever is applicable)	Central Govt.	State Govt.	PSU	Autonomous Body	Others
19.	Nature of Employment (Tick (✓) whichever is applicable)	PERMANENT			TEMPORARY	
	In case of Permanent Employment in Central Govt./State Govt./PSU/Autonomous bodies application must be submitted through proper channel					
20.	Are any of your blood / close relative(s) working in CSIR -NPL/ CSIR Hqrs. /CSIR-Labs / CSIR-Instts. ? (Tick (✓) whichever is applicable)			YES	NO	
	If "YES", please indicate the following					
S.NO.	NAME	Designation	Laboratory/Institute	Relationship		
i.						
ii.						

DECLARATION

I hereby declare that all the statements made in this application are true, correct and complete to the best of my knowledge & belief and nothing has been concealed / distorted. I am aware that, if at any time I am found to have concealed/ distorted any material / factual information, my application / subsequent appointment (if selected) is liable to be rejected/terminated without notice at any stage.

Date: _____

Candidate's Signature _____

Place: _____

DOCUMENTS ENCLOSED WITH APPLICATION:

Sl.No.	Particulars of documents	Sl.No.	Particulars of documents
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

**To be filled only in case where the applicant is employed in a permanent position in
Central/State/PSU/Autonomous bodies only.**

(Candidate already employed should get the following endorsement signed by his/her present employer.)

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/OFFICE

This is to certify that Sh. /Smt. / Ms. _____ is employed in this office on the post of _____ w.e.f _____. It is also certified that, as per official records, no disciplinary/ vigilance case is pending/contemplated against him / her. Further, it is also certified that as per his / her ACR's / APARs, his / her integrity is **“BEYOND DOUBT”**.

File No:

Date:

Name: _____

Designation: _____

Full Signature: _____

Name of Office: _____

Address of Office: _____

Seal/Stamp

Part-II

Advertisement No. Rectt./02/2026

Post Code	T2 -
Name of Post	
Name of Applicant (In Block Letters only)	
Father's / Husband's Name (Tick ✓ whichever is applicable)	

**Paste your
recent passport -
size color
photograph
here.**

Candidate's Signature

Within this space.



Note:-

1. Photo on Part- I & II should be identical / same.
2. Signature on Part- I & II should be identical / same.