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| Affix recent photograph here  with signature |

**Application form for the Post of Research Associate / Research Assistant**

**on Contract Basis**

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|  | **Name of Candidate (in block letters)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Father’s/ Husband’s Name**  **(Please (**Image result for tick sign**) tick whichever is applicable)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Mother’s Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | 1. **Date of Birth** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | DD |  |  | MM |  |  | YYYY |  |  |  |  | | |
|  | 1. **Age on closing date** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | YY |  |  | MM |  |  | DD |  |  | | |
|  | 1. **Gender** 2. **Marital Status** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Male |  | Female |  | Other |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Married |  | Unmarried |  | Other |  | | |
|  | **Nationality** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | UR |  | OBC |  | SC |  | ST |  | PH |  | | |
|  | **Category**  **(**Enclose self-attested copy of certificate in support**)** |
|  | **Present Post held & Name of Organization** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Date of Appointment in the Present Post** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Present Pay** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Communication Details**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | House No.- |  | | Village/Sector- |  | | | City- |  | | District- |  | | | State- |  | | Pin Code- | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | Mobile No.- |  | | | | | | Email Address- |  | Aadhar Number | | |  | | | |

1. **Permanent Address**

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If both addresses are same please tick Image result for tick sign in the box

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| House No. |  | Village/Sector- |  |
| City- |  | District- |  |
| State: |  | Pin Code: | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |

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|  | **Educational Qualifications (enclose self-attested copies of Marks-Sheet and Certificates etc.)** | | | | | | | | | | | | | |
|  | S. No. | Examination(s) Passed | | Board/ University | | | | | Year of  Passing | | Div. & %age of Marks | | Subject | |
|  |  |  | |  | | | | |  | |  | |  | |
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|  | **Work Experience (enclose self-attested copies of experience Certificates)** | | | | | | | | | | | | | |
| S. No. | Name of organization with address | Post held & Pay Scale | | From | To | Experience | | | | | Nature of Duties (attach experience certificate) | | Whether regular/ ad-hoc/ full time/ part time |
| No. of Years | | Months | Total | |
|  |  |  |  | |  |  |  | |  |  | |  | |  |
|  |  |  | |  |  |  | |  |  | |  | |  |
|  | **Details of Professional Qualification / Publication (if any)** | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | **Languages Known** | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **17.** | 1. **Statistical Software Proficiency: (SPSS / AMOS / SMART PLS / R Studio)** 2. **(Please tick whichever applicable)**   **Declaration:** | | | | | | | | | | | | | |
|  | **I hereby declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirement mentioned in the advertisement, my candidature/ appointment is liable to be cancelled /terminated. I have enclosed the required self-attested copies of the certificate.** | | | | | | | | | | | | | |

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Candidate)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_