CSIR-CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS, LUCKNOW

1.	CANDIDATURE FOR TH	N OF:	and SI No (As per Advtisement No PA-AUG-2022)					
2.	SUBJECT/AREA : (As per Advtisement No PA						ient no PA-A	NUG-2022)
3.	NAME OF APPLICANT		:					
4.	FATHER'S/HUSBAND'S NAME :							Photograph
5.	DATE OF BIRTH :							
6.	AGE (as on date 23-09-2022) : YearsMonthsDays.							
7.	7. WHETHER SC/ST/OBC/GEN :							
8. CORRESPONDENCE ADDRESS & :								
Phone/ Mobile No Email I.D 9. QUALIFICATION :								
NAI	ME OF EXAM PASSED	DIVISION	I % of MARK	SUBJECTS)	YEAR	BOARD/UN	IIV.
High School School								
Inte	ermediate							
B.Sc./Graduation								
M.Sc./Post Graduation								
Other Degree/ Diploma if Any								
10. EXPERIENCE :								
Name of Deptt./Lab.			Position		Date From - To		То	Total period
11. Whether any close relative employed in CIMAP/CSIR: (If yes, please state his/her name designation and place of posting etc.)								
12. Option for place of posting at CIMAP Hqrs.Lucknow or its Res. Centres at Bangalore/Hyderabad/ Pantnagar								
I hereby declare that the information given above is true to the best of my knowledge and belief. In case the above information is found to be incorrect at any stage, my candidature may be terminated. Copies of all Certificates/Marksheets Caste certificate are enclosed.								
SIGNATURE OF CANDIDATE DATE:								

PLACE:

Permanent Address: