CSIR-CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS, LUCKNOW

1.	CANDIDATURE FOR THE POSITION OF:					and SI No			
2.	SUBJECT/AREA : (As per Advtisement No PA-P								M-JUL-2023)
3.	NAME OF APPLICANT			:					
4.	FATHER'S/HUSBAND'S	NAME	:						Photograph
5.	DATE OF BIRTH		:						
6.	AGE (as on date 17-08-2023) : YearsMonthsDays.								
7.	WHETHER SC/ST/OBC/GEN :								
8.	8. CORRESPONDENCE ADDRESS & :								
Phone/ Mobile No Email I.D 9. QUALIFICATION :									
NA	ME OF EXAM PASSED	DIVISIO		% of MARK	SUBJECTS		YEAR	BOARD/UN	IV.
Hig	h School								
Intermediate									
B.Sc./Graduation									
M.S	Sc./Post Graduation								
	er Degree/ Diploma if								
10. EXPERIENCE :									
Nar	Name of Deptt./Lab.			Position			<u>n - </u>	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:									NDIDATE
DΑ	I L.								

PLACE:

Permanent Address: