



CSIR-CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS

(Council of Scientific & Industrial Research)

Research Centre, Allal Sandra, GKVK Post, Bengaluru-65

Ph: 080-28460563, 28565652



1. **CANDIDATURE FOR THE POSITION OF** : _____ Sl. No.....
(As per Advt. No. JRF, PA-I/II, Lab/Field Asst. -May 2024)

2. **SUBJECT/AREA** :

3. **NAME OF APPLICANT** :

4. **FATHER'S/HUSBAND'S NAME** :

5. **DATE OF BIRTH** :

6. **AGE (as on date of Test/Interview)** : _____ Y. _____ M. _____ D.

7. **WHETHER SC/ST/OBC** :

8. **CORRESPONDENCE ADDRESS &** :

Photograph

Phone/ Mobile No . _____ Email I.D. _____

9. **QUALIFICATION** :

| NAME OF EXAM PASSED | DIVISION | % of MARKS | SUBJECTS | YEAR | BOARD/UNIV. |
|---|----------|------------|----------|------|-------------|
| High School | | | | | |
| Intermediate | | | | | |
| B.Sc. | | | | | |
| M.Sc. | | | | | |
| Other Degree/ Diploma/NET/ GATE, if any | | | | | |

10. **EXPERIENCE** :

| Name of Deptt./Lab. | Position | Date From - To | Total period |
|---------------------|----------|----------------|--------------|
| | | | |
| | | | |

11. **Whether any close relative employed in CIMAP/CSIR** :
(If yes, please state his/her name, designation and place of posting etc.)

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. **Self-attested copies of all Certificates/Marksheets/Caste certificate are enclosed.**

SIGNATURE OF CANDIDATE

DATE:
PLACE:

Permanent Address: