



सीएसआईआर-राष्ट्रीय वांतरिक्ष प्रयोगशालाएं
CSIR- NATIONAL AEROSPACE LABORATORIES
Bengaluru – 560 017

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Advt. No. 01/2023

APPLICATION FORM FOR WALK-IN-INTERVIEW

1. Name of the Post applied for	Project Assistant Project Associate – I / Project Associate – II Senior Project Associate
2. Specialisation	
3. Name in full (Block letters)	
4. Father's / Husband's Name (Block letters)	
5. Date of Birth (as per 10 th / SSLC certificate (DD/MM/YYYY)	
6. Age as on	
7. Sex (Male / Female)	
8. Nationality	
9. Category	UR / SC / ST / OBC / EWS / PWD
10. Address for Communication with PIN code	
	Mobile No.:
	Email Id:
11. Permanent Address with PIN code	

12. Educational Qualification (attach relevant copies):							
Details of Courses and Specialization		Period of course		Total Marks obtained	Total Marks	% / CGPA score	Board / University / Institution
		From (MM/YY)	To (MM/YY)				
SSLC / Matriculation / Xth Std.							
10 + 2 /PUC							
Diploma							
Graduation							
Post-Graduation							
Ph.D.							

13. Details of Employment (in Chronological order) (attach relevant copies)						
Name of the organization & Place (Please specify whether Central Govt. / State Govt. / Public Sector / Autonomous Body / Private Sector)	Position(s) held	Period		Nature of Work	Gross pay scale	Whether working on regular basis / contractual basis / Adhoc basis etc.
		From (MM/YY)	To (MM/YY)			

14. Are you having CSIR-UGC NET/GATE Score card? YES / NO (If Yes, please attach valid score card / certificate)	
15. Any other information: 	
16. Particulars of close relatives working in CSIR / CSIR-NAL	
<i>Name</i>	
<i>Designation</i>	
<i>Division</i>	
<i>Relationship</i>	
17. Are you under any Bond / Contractual obligation to serve Central / State Govt./ PSU / Autonomous or any other body / organization	
18. Whether dismissed from service from any other institution / office or debarred by the Public Service Commission. If Yes, give details	

- I hereby declare 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, my candidature/appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

Place:
Date :

Signature:
Name :