**CSIR-CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS, LUCKNOW**

**1.** **CANDIDATURE FOR THE POSITION OF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Sl No.\_\_\_\_\_\_

**(As per Advtisement No PA-PM-JUL-2023)**

**2. SUBJECT/AREA :**

**3. NAME OF APPLICANT :**

Photograph

**4. FATHER’S/HUSBAND’S NAME :**

**5. DATE OF BIRTH :**

**6. AGE (as on date 17-08-2023) : Years. Months. Days.**

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

**8. CORRESPONDENCE ADDRESS & :**

**Phone/ Mobile No . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. QUALIFICATION :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF EXAM PASSED** | **DIVISION** | **% of**  **MARKS** | **SUBJECTS** | **YEAR** | **BOARD/UNIV.** |
| **High School** |  |  |  |  |  |
| **Intermediate** |  |  |  |  |  |
| **B.Sc./Graduation** |  |  |  |  |  |
| **M.Sc./Post Graduation** |  |  |  |  |  |
| **Other Degree/ Diploma 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.)

**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:**