

CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS, LUCKNOW

1. **CANDIDATURE FOR THE POSITION OF** : PA Level-__ and SI No._____
(As per Advertisement No PA-January/2017)
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

9. **QUALIFICATION** : Phone/ Mobile No . _____ Email I.D. _____

NAME OF EXAM PASSED	DIVISION	% of MARK	SUBJECTS	YEAR	BOARD/UNIV.
High School					
Intermediate					
B.Sc.					
M.Sc.					
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: