**CSIR-Central Institute of Medicinal and Aromatic Plants**

**PO CIMAP, Kurail Picnic spot Road,Lucknow PIN – 226015, India.**

Affix a signed copy of your recent passport size Colored photograph

APPLICATION FORM

**LAST DATE OF RECEIPT OF APPLICATION is 11-08-2023 upto 5.30PM**

1. Advertisement No. : **PA/PM/JULY/2023**

2. Post applied for : **Project Manager**

3: Project Name : CSIR Aroma Mission Phase III HCP-0007

|  |  |
| --- | --- |
| 4. Name of the candidate  (in Block Letters) |  |
| 5. Sex (Male / Female) |  |
| 6. Father’s Name |  |
| 7. Nationality (mention by  birth / domicile) |  |
| 8. Present Postal Address  (for communication  purpose) | Pin Code  Tel/Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_,E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Permanent Address | Pin Code  Tel/Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **10. Date of Birth**  (As per Matriculation /  SSLC certificate) | | | | DAY MONTH YEAR | | | | | | |
| **11. Age on the last date of Application i.e. 11-08-2023** | | | | YEARS MONTH DAYS | | | | | | |
| **12.** Educational/Professional Qualification etc. commencing from SSC/10thStd onwards  (Enclose documentary proof) | | | | | | | | | | |
| Examination Passed | | Year of passing | Marks obtained / percentage of marks | | | | | Class / Grade obtained | Duration of Degree/ Diploma Course | Board / University / Institution |
| Max Marks | | Marks obtained | Aggregate %age | |
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| 13. Experience:  (Enclose documentary proof) | | | | | | | | | | |
| Period | | | Name of Organization\* & Place | | | | | Designation/ Post Held | Gross Pay Drawn Rs. | Permanent/ Temp. Post |
| From | To | |
|  |  | |  | | | | |  |  |  |
| 14. Project Details:  (Enclose documentary proof) | | | | | | | | | | |
| Period | | | Project Title | | | | Project Funding Agency | Total Project Cost (in Lakhs) | National Mega project (Yes/No) | Project Position (PI/Co-PI) |
| From | To | |
|  |  | |  | | | |  |  |  |  |

Note: \* Please indicate whether the Organization belongs to Govt. /PSU/AUTONOMOUS. Also enclose Copies of certificates/testimonials etc. in support of proof of experience.

14. Any other details:

15. Particulars of close relatives : Name :

Working in CSIR-CIMAP, if any

Designation :

Division :

Relationship :

16. Are you under any bond/contractual obligation to serve Central / State Government /

PSU / Autonomous or any other body / organization, YES NO

17. Whether dismissed from service from any other Institution / Office or debarred by the

Public Service Commission, YES NO , if yes, give details \_\_\_\_\_\_\_\_\_\_\_\_

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18. ENCLOSURES: (Please tick the appropriate box and arrange the enclosures as per

the serial number)

4. Community Certificate

1. SSLC/10thStd Certificate 5. Experience Certificate

(Proof of DOB)

2. 12thStd Certificate 6. Knowledge of Computer

Applications

3. Degree/PhD Marks sheets 7. Project Experience

###### DECLARATION

I hereby declare that the information given above is correct, true to facts and nothing has been concealed / distorted. I am aware that, if at any time I am found to have concealed / distorted any information, my candidature/appointment is liable to be summarily terminated without notice.

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of the candidate