

CSIR-INDIAN INSTITUTE OF PETROLEUM

(Council of Scientific & Industrial Research)
P.O. IIP, Mohkampur, Haridwar Road
Dehradun (Uttarakhand) -248 005, INDIA



FORM OF APPLICATION FOR APPOINTMENT BY SELECTION

Advt. No: 02/2022

		Application No. :		
			(To be filled by the Office)	
Post Applied Fo	or:			
Post Code	<u>:</u>			
Post Name	:			

अपना हाल ही का पासपोर्ट आकार का रंगीन फोटो चिपकाएं तथा परीक्षा के दौरान इस पर हस्ताक्षर करें

Paste here recent coloured passport size Photograph and sign across in full at the time of Trade/skill Test.

A. P	ersonal Details					
	Full Name	:				
(ii)	Father's Name	:				
(iii)	Mother's Name	:				
(iv)	Spouse Name (if Applicable)	:				
(v)	Gender (Male/Female/Transgender)	:				
(vi)	Email ID	:				
(viii)	Mobile No.	:				
(ix)	Aadhaar No.	:				
(x)	Religion	:				
(xi)	Date of Birth	:				
	Age as on 30.12.2022	:	Years	Months	Days	
(xiii)	Birth Place	:				
(xiv)	Permanent Address including Pin Code	:				
(xv)	Correspondence Address including pin code	:				
(xvi)	Nationality	:				

(xvii) Are you a Citizen of India by Birth or Domicile	:	
(xviii) Name of the State to which you belong	:	
(xix) Caste Category (SC/ST/OBC)	:	
(xx) State Whether you belongs to Economic Weaker Sections(EWS)	:	
(xxi) Whether persons with Disability? (Yes/No), If yes, mention Type of Disability viz. VH/HH/OH etc.	:	
(xxii) Are you related to CSIR Employee (Yes/No), If yes, give details of Employee viz. Name, Designation, name of CSIR Lab/Instt. where working	:	
(xxiii) Are you eligible for fee exception (Yes/No)		

B. Educational/Professional Qualifications (Matriculations onwards)

Sr No.	Name of Exam Passed	Percentage/ CGPA & Div	Year of Passing	Duration of Exam	Board/Univ.	College/Institute	Subjects

C. Experience Details (in Chronological order)

Sr No.	Organization Name	Organisation Type (Central Govt./State Govt/Autonomous/ PSU /Private)	Post Held	Scale of Pay /Level of Pay	Last Salary drawn	From Date	To Date	Total Period	Nature of Duties

D.	Are you willing to accept the minimum initial pay to the scale? (Yes/No):
	If not, state what is the lowest initial pay that you would accept in the prescribed pay scale

E. Reference of three Person with complete details:

Sr. No	Person Name	Position	Phone No.	Email Id	Address
1.					
2.					
3.					
0.					

F. Patents/ Publications:	<u> </u>
a) No. of publications	:
b) No. of Patents	:

G. Details of Country visited:

Sr No.	Country Name	Purpose of Visit	From Date	To Date	Duration

Н.	State whether you were involved in any Product Development/Technology Innovation/Approved
	Technology / Translational Research. If so, please attach documentary evidence thereof:

J. Any additional qualification such as membership of professional societies, awards and honors etc.

K. <u>List of Enclosure:</u>

	Sr No.	Enclosure Name	
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
L.	I appl of t sele	lication are true, complete and co the information found false o	hereby declare that the statements made in the brrect to the best of my knowledge and belief and in the event if any r incorrect or any ineligibility detected at any stage of the ure is liable to be cancelled and penal action as per law initiated
Pl	ace: _		Signature of the Candidate with date
	<u>A</u> r	pplication Fee Details	
	Sta	ate Bank Collect Reference No	:
	Am	nount:	:
	Dat	te of payment of Fee	: