

APPLICATION FOR EMPLOYMENT

FOR OFFICE USE

(To be filled in by the applicant in his/her own hand-writing clearly and carefully)

Post Applied: Research Associate / Research Fellow

PERSONAL

Advt. Ref:09/2017

<p>1. Full Name (In Block Letters).....</p> <p>2. Permanent Address.....</p> <p>3. Present Address.....Telephone No..... Mob:..... E Mail:.....</p> <p>4. Date of Birth..... Age (Completed Yrs)..... Gender (Please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>5. Place of Birth..... District..... State.....</p> <p>6. Domiciled in which state..... Place.....</p> <p>7. Name of the place where employed/residing..... Period of stay.....</p> <hr/> <p>8. Marital Status..... No. of Children..... No. of Dependents.....</p> <p>9. Nationality..... Religion.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td rowspan="3" style="width: 25%; vertical-align: top;">10. Languages (Underline the mother tongue)</td><td style="width: 15%;">a. Speak.</td><td style="width: 15%;">1.....</td><td style="width: 15%;">2.....</td><td style="width: 15%;">3.....</td></tr><tr><td>b. Read.</td><td>1.....</td><td>2.....</td><td>3.....</td></tr><tr><td>c. Write.</td><td>1.....</td><td>2.....</td><td>3.....</td></tr></table> <p>11. Father's/Husband's Name: Address..... Occupation.....</p>	10. Languages (Underline the mother tongue)	a. Speak.	1.....	2.....	3.....	b. Read.	1.....	2.....	3.....	c. Write.	1.....	2.....	3.....	Affix Passport size recent photograph
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		b. Read.	1.....	2.....	3.....									
	c. Write.	1.....	2.....	3.....										

Category

12. Do you belong to SC/ST/OBC Community? YES/NO. IF YES SC ST OBC
Enclose relevant certificate to substantiate:
13. Have you registered in Employment Exchange? YES/NO.
IF YES Registration No.....and place of registration.....

HEALTH

14 Height in Cms.....Weight in Kgs.....Blood Group.....

15 a. Give details of any illness you have suffered from and operations underwent. if any ...

.....

b. When were you last sick?..... Nature of Sickness.....

.....

16 EDUCATIONAL QUALIFICATION (account for each year Education starting from SSLC – Copies of Marks Card to be enclosed). Separate sheet may be used if required.

Details of examination passed (including training if any)	Special Subject	Year of Passing	School/College/University	Grade/%of Marks Obtained	Remarks (Distinctions, Medals, Prizes)
SSLC					
PUC					
Graduation					
Post Graduation					

17 EXTRA CURRICULAR ACTIVITIES:

Sports & Games:

Name of Sports/ Game	Institution	Year	Distinction achieved, if any	Present Interest

18 SOCIAL & LITERARY ACTIVITIES (like: Office bearer of School/College Association, Society, Debates, Essay Competition, Drama etc.)

Name of the Institution/ Association	Position Held	Year	Achievements	Remarks

19 SPECIAL INTEREST AND HOBBIES:

Name of Interest and Hobby	Name of Association or club, if any	Year	Achievements, if any	Whether still interested

20 Are you a member of any professional body ? if yes, give details

21 Have you published any Scientific papers? If yes, give details (enclose a sheet if necessary)

22 Mention notable contributions of professional achievements if any in a separate sheet

23 PREVIOUS WORK EXPERIENCE (In chronological order Starting from Present employment and ending with first)

Employer's Name and Full Address	Position Held	Name of Person to whom reported	Date		Basic Pay	Total Emoluments	Nature of Work	Reason for leaving
			From	To				

If Ex-Serviceman give details of Service, Arm, Regiment, Rank, Service number & Trade
Use additional sheet if required.

GENERAL

- 24 Have you ever applied to CMTI for any post? YES/NO
If YES, for what Post..... When.....
- 25 Have you any relations employed in the Institute YES/NO
If YES, Name.....Position.....
Relationship.....
- 26 Are you acquainted with any of CMTI, Personnel? YES/NO
If YES/, Name.....Position.....
- 27 If selected, when can you join us.....
- 28 Do you have any contract/bond with your present employer YES/NO
If YES, give details.....
.....
- 29 Name and Address of two responsible persons references (Not relatives)
- | | |
|---------------|---------------|
| 1. Name..... | 2. Name..... |
| | |
| | |
| | |
| Phone No..... | Phone No..... |

DECLARATION

I, the undersigned, declare that all information given above are true to the best of my knowledge and belief. Any information furnished/suppressed above are found to be false or incorrect at a later stage, I shall be liable for termination without any notice or reason at any time.

.....
Signature of the applicant

Station:

Date: