

# नवोन्मेषी एवं अनुप्रयुक्त जैव - प्रसंस्करण केंद्र (सी०आई० ऐ० बी०)

(जैव प्रौद्योगिकी विभाग के तहत एक राष्ट्रीय संस्थान) विज्ञान एवं प्रौदयोगिकी मंत्रालय (भारत सरकार)

CENTER OF INNOVATIVE AND APPLIED BIOPROCESSING (A National Institute under Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India) 2nd Floor, C-127, Phase VIII, Industrial Area, S.A.S. Nagar, Mohali-160071 (Pb.) वेबसाइट/Website: www.ciab.res.in

फ़ोन /Tel: 0172-4990232, फ़ेक्स/Fax: 0172-4990204

# FORM OF APPLICATION FOR RECRUITMENT OF SCIENTIFIC STAFF/FACULTY ADVERTISEMENT No: CIAB/25/2016-Rectt.

To be filled in by the candidate	For Office use	
Advt. No.	Application S. No:	Affix your self- attested recent coloured size
Post applied for		passport photograph
Post Code/Sr. No. if any	Date of receipt:	

1.	Name in full	
	(IN BLOCK LETTERS)	
2.	Please Tick:	Male Female
		Married Unmarried:
3.	Father's/	
_	Husband's Name	
4.	Mother's Name	
••		
5.	Date of Birth:	
5.		
0		
6.	Place of Birth	
7.	Age (as on 15-07-2016)	Years Months Days
8.	Duration of Post-Doctoral R&D	
	Experience (as on 15-07-2016)*	Years Months Days
	*Give details under 23 in this form	

9.	Postal Address	Pin:
10.	Phone No. (with STD code)	
11.	Mobile No	
12.	E-mail	
13.	Permanent Home Address	Pin:
14.	Are you a citizen of India by birth or by domicile?	

15. State 'Yes' if you are Physically Handicapped or are a member of Scheduled Caste/Scheduled Tribe/ Other Backward Class: (*If Yes, Attach an attested copy of the prescribed certificate*)

Physically Handicapped	Scheduled Caste	Scheduled Tribe	Other Backward Class

16. Are you related to any employee(s) of the Department of Biotechnology or Center of Innovative & Applied Bioprocessing (CIAB)? If Yes, Give Details:

## 17. Educational/ Professional Qualifications

# (a) (Class 10<sup>th</sup> Onwards to Master's Degree(s):

<u>Exam.</u> Passed	<u>% age of</u> <u>marks or</u> <u>CGPA</u>	<u>Year of</u> Passing	<u>Duration of</u> <u>the Degree,</u> <u>etc.</u>	<u>Board/Univ.</u>	<u>Subject(s)</u>

#### 18. Title of Master's Dissertation(s), if any

## 19. Details about Ph.D. Thesis and Degree, if applicable

(i) Exact subject in which registered for Ph.D. or Thesis submitted for or Degree Obtained

(ii) Date (DD/MM/YYYY) of Registration/Enrolment for Ph.D. Degree

(iii) Date (DD/MM/YYYY) of Submission of Ph.D. Thesis or Award of Degree

(iv) Full Title of Ph.D. Thesis

(v) If as per advertisement for the position for which this application is being submitted, it is required to reflect subject/topic of specialization of your Ph.D. dissertation. Please indicate your specialization below and provide a (half to one) page summary of your Ph.D. research work in testimony of the same (as a SEPARATE ANNEXURE).

# 21. Professional Qualification (e.g. Professional Trainings, Courses, Workshops etc.)

<u>Exam.</u> Passed	<u>Division/ Grade</u> <u>&amp; % age of</u> <u>marks, if</u> <u>applicable</u>	<u>Year of</u> Training	<u>Duration of the</u> <u>training/courses</u> <u>etc.</u>	Institute / Organisation	<u>Subject/Topic</u>

22.	Details of emp	oloyment (ir	n chronological	order):-
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22. Details of empl	loyment (in chi	ronological orde	er):-				
<b>Organization</b>	Post Held	Scale of	State if	Dura	<u>tion</u>	<u>Total</u>	Nature of
(also specify	(Also	pay/ Pay	Pay Scale	(Exact d	ates to	period	<u>duties</u>
whether	specify	Band and	is Govt.	be giv	ven)	(in years)	(enclosed a
Govt./PSU or	whether	Grade Pay	(CDA or			( ) ••••)	separate
Autonomous		Graderay	IDA)	From	То		sheet in
	regular or		IDA)				
body or /Private)	contractual)						case the
							space is
							insufficient)

# 23. Detailed Profile & Duration of Post-Doctoral R&D Experience

R&D Organization/Academic Institution	Date From	Date Upto	Total Duration (Years, Months, Days)	R&D Work/Project

24. Sponsored, Collaborative and/or Inter-Institutional Network Projects or Programs of Research worked in as member and/or leader (give title of project, your role therein and Duration)

(i)
(ii)
(iii)
25. Relevant Professional Honours, Awards, Accreditations/recognitions etc.
(i)
(ii)

(iii)

26. Inter-Disciplinary/Cross-disciplinary R&D work or interface of R&D work, if any, (Please give only bulleted summary)

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27. Are you also willing to be considered for a position at pay-band and/or <u>Grade Pay lower than the one</u> you have applied for herein? (Please write YES or NO).

28. Time (in Months) required for joining, if selected:

29. Additional information, if any, which you would like to mention in support of your suitability for the post:

30. Do you dispassionately feel that you deserve to be considered by the screening-cum-shortlisting committee for relaxation of age and/or duration of R&D experience in view of your relevant extra-ordinary or special/outstanding achievements/outputs/contributions/scholarly standing etc., if so, please state them parametrically below in bulleted form (not more than 5 bullets).



(Each parametric point of exceptionality indicated for consideration must be supported by testimonial documents)

#### 31. Names and addresses of 3 referees (with email addresses)

<u>S/</u> <u>No</u>	<u>Name</u>	<u>Address</u>	<u>E-Mail ID / Phone No.</u>
1.			
2.			
3.			

#### 32 List of enclosures

S/ No	Enclosures

## **DECLARATION BY THE CANDIDATE**

I, \_\_\_\_\_\_\_\_ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action taken against me. I also agree that CIAB may contact any or all of the above three referees named by me and seek information about me in confidence. I am aware that CIAB is free to act upon such information independently to judge my suitability for the post applied for.

Place: Date: Candidate's signature\_\_\_\_\_

Full name\_\_\_\_\_

# Endorsement by the Head of the Department or Office

(Candidate already in employment should get the following endorsement signed by his/her present employer)

No.\_\_\_\_\_ Date

Forwarded application of Dr./ Shri / Ms.\_\_\_\_\_ (Name & Designation).

It is certified that:

The information furnished by Dr./ Shri / Ms\_\_\_\_\_ 1. has been verified from official records and found correct.

2. It is also certified that no disciplinary/ departmental enquiry is either pending or contemplated against \_\_\_\_\_\_ and that he/she is not undergoing any penalty.

3. His/ Her integrity is certified.

Signature.....

Official Stamp:

Designation.....

STME 1.	Title of Ph.D. Thesis:					
STME 2.	Title of Masters Dissertation (if applicable)					
STME 3.	Number of Publications in SCI Impact Journals (Give full details as Annexure 1)					
	STME 3.1. No. of SCI Impact Publications of last 5 Years (Give full details as Annexure 2):					
	STME 3.2. Three best and relevant publications (with full details)					
	1.					
	2.					
	3.					
	STME 3.3. No. of publications in non-SCI journals (Give full details as Annexure 3):					
STME 4.	Numbers of Patents: (Granted + Applications at Patent Offices + Submitted to your IPR Cell/Office) (Give full details as Annexure 4)					
	STME 4.1. No. of Patents Licensed for Use (Give full details as Annexure 5):					
	STME 4.2. No. of Patents in Practice/Translation/Usage/Advancement (Give full details as Annexure 6)					
	STME 4.3. No. of Patents around the best single core invention/process/product: (Give full details as <i>Annexure</i> 7):					
STME 5.	No. of Technologies/processes of developed for potential use: (Give full details as Annexure 8):					
	STME 5.1. No. of processes/technologies developed during last 5 years: (Give full details as Annexure 9)					
	STME 5.2. No. of Technologies/processes translated for end usage: (Give full details as Annexure 9)					

	STME 5.3. Specify your 3 best Technologies/Proces	ses/Translational leads	):	
	1.			
	2.			
	3.			
STME 6.	Which area of agri-produce bioprocessing interests (Attach a separate annexure as Annexure-10)	you most & why? (max	(200 words)	
STME 7.	TME 7. State your 3 strengths?			
	1.			
	2.			
	3.			
STME 8.	Given the opportunity, which aspect of innovation a scaling would you like to get your competence deve		ion/up-	
STME 9.	Write an essay on your vision of agri-produce bioprocessing for significant techno- economic impact in India. You may have a region-specific thought too (max 500 words, attach a separate annexure as Annexure-11)			
STME 10.	Assuming that you work in an institute like CIAB and have the option to choose the path of career progression based on your performance, what would you count on most for your assessment i.e. prioritise (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> ) your intended target of output from the work at CIAB.			
	Please give ran	ks		

	Please give ranks
Publications	
Patents	
Technologies Translated	
Products Delivered	

# STME 11. Please list your three most significant successes/accomplishments you are happy about or proud of:

# SELF DESCRIPTION OF QUALIFICATIONS REQUIRED vs. POSSESSED

(To be submitted along with the completed Application Form)

- 1. Name:\_\_\_\_\_
- 2. (i) Date of Birth & Age (as on 15-07-2016):\_\_\_\_\_
- 3. Advt. No. CIAB/25/2016-Rectt.
- 4. Position: \_\_\_\_\_

Parameter	<u>Required as per</u> <u>Advertisement</u>	Possessed by you with comments, if any
Age		
Educational Qualification		
Other Academic credentials, like R&D/Technical leadership		
Research/Industrial Experience, if applicable & Other Experience (duration & Nature)		
Professional Skills/Competences Match		
Output/Outcome/ Achievements of work		
Other Technical/ Translational/ Scientific credentials, if applicable		

Signature of applicant

			SYNOPSIS	SHEET [ <u>to</u>	be submitted as	hard cop	y with applic	ation for
ADVERTISEMENT NO.	CIAB/25/2	016-Rectt.						
NAME OF THE POST								
		Qualificatio	ns (from 10 <sup>th</sup> onwards)			Expe	rience (in chronological o	rder)
NAME, DOB & Category (Gen/OBC/SC/ST/PH)	Examination passed, year of passing and duration of degree etc.	%age of marks or CGPA	Name of Board/ University	Subjects/ Specialisation	Organization Name	Position Held	Duration	Pay Scale

<u>rm</u>					
ale	Total Period	Additional Qualifications			