



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

(जैव प्रौद्योगिकी विभाग के तहत एक राष्ट्रीय संस्थान)

विज्ञान एवं प्रौद्योगिकी 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, फ़ैक्स/Fax: 0172-4990204

FORM OF APPLICATION FOR RECRUITMENT OF ADMINISTRATIVE AND TECHNICAL STAFF ADVERTISEMENT No: CIAB/27/2016-Rectt.

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

1.	Name in full (IN BLOCK LETTERS)			
2.	Please Tick:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Married <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	
3.	Father's/ Husband's Name			
4.	Mother's Name			
5.	Date of Birth:			
6.	Place of Birth			
7.	Age (as on 07-10-2016)	Years <input type="checkbox"/>	Months <input type="checkbox"/>	Days <input type="checkbox"/>
8.	Postal Address	<hr/> <hr/> <hr/> <hr/>		
	Pin:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

9.	Phone No. (with STD code)	
10.	Mobile No	
11.	E-mail	
12.	Permanent Home Address	<hr/> <hr/> <hr/> <hr/> Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13.	Are you a citizen of India by birth or by domicile?	

14. 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

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

16. Educational/ Professional Qualifications

(a) (Class 10th Onwards to Master's Degree(s):

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

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

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

18. Details of employment (in chronological order):-

<u>Organization</u> (also specify whether Govt./PSU or Autonomous body or /Private)	<u>Post Held</u> (Also specify whether regular or contractual)	<u>Scale of pay/ Pay Band and Grade Pay</u>	<u>State if Pay Scale is Govt.</u> (CDA or IDA)	<u>Duration</u> (Exact dates to be given)		<u>Total period</u> (in years)	<u>Nature of duties</u> (enclosed a separate sheet in case the space is insufficient)
				<u>From</u>	<u>To</u>		

19. Are you at present working in a Government/PSU/Autonomous Body
(Please write Yes or No)

20. If your answer at 21 (above) is Yes, please state if you are a **Regular Employee or / are an employee on Probation** _____

21. Relevant Professional Honours, Awards, Accreditations/recognitions etc.

(i) _____

(ii) _____

(iii) _____

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

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

24. Names and addresses of 3 referees (*with email addresses*)

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

25. List of enclosures

<u>S/ No</u>	<u>Enclosures</u>

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:

Candidate's signature_____

Date:

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:

1. The information furnished by Dr./ Shri / Ms _____ 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.....

Designation.....

Official Stamp:

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 07-10-2016): _____

3. Advt. No. **CIAB/27/2016-Rectt.**

4. Position: _____

<u>Parameter</u>	<u>Required as per Advertisement</u>	<u>Possessed by you with comments, if any</u>
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

ADVERTISEMENT NO.	CIAB/27/2016-Rectt.									
NAME OF THE POST										
NAME, DOB & Category (Gen/OBC/SC/ST/PH)	Qualifications (from 10th onwards)				Experience (in chronological order)					
	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	Total Period	Additional Qualifications