CSIR-CENTRAL DRUG RESEARCH INSTITUTE, LUCKNOW
(Council of Scientific & Industrial Research)

APPLICATION FORM FOR THE SCIENTIFIC/TECHNICAL POST

To be filled in and forwarded to the Director, CSIR- Central Drug Research Institute, B.S.10/1 Sector 10, Jankipuram Extension, Sitapur Road, Lucknow - 226 031 so as to reach him not later than the last date mentioned in the post advertisement (information should be actual and not descriptive).

5   Are you  
   (a) a citizen of India by birth and/or by domicile? 
   (b) a person having migrated from Pakistan with the intention of permanently setting in India? or a subject of Nepal or Sikkim? 
   Yes/No

6   Name of state to which you belong: 

7   Father's Name: 
   Occupation: 
   Address: 
   (If dead, state his last address and occupation before death)

8   Is (or was) your father 
   (a)  a citizen of India by birth and/or by domicile? 
   (b)  a person having migrated from Pakistan with the intention of permanently setting in India? or a subject of Nepal or Sikkim? 
   Yes / No

9   State your 
   (a)  Religion : 
   (b)  Are you a member of a Scheduled Caste or Scheduled Tribe or O.B.C. Community ? 
   (c)  Are you an Anglo-Indian? 
   (d)  Are you domiciled in the Kashmir Division of the state of J&K during the period of 01.01.1980 to 31.12.1989 
   Yes / No

10  Have you got any relation in CSIR or its any National Lab/Institute? If so, please indicate his/her Name .......................................................... ..... ..... ..... ..... ..... .......
   Designation .................................. ... ..... .... Place where He/She is working ..... ..... ..... 
   .......................................................... ................................................................

Note: 
1. Any change of address given in Col 2 above should at once be communicated to the Director, Central Drug Research Institute. Candidates must arrange for the redirection of communication to their address if necessary. The Institute will make every effort to take account of changes in candidates address but cannot accept any responsibility in this matter.

2. Since it is not possible to call all the eligible candidates for interview/personal discussion the applicants are to be short-listed for the purpose and the decision of the Council/Laboratory/Institute will be final in this regard.
### 11 Particulars regarding your University or higher education

<table>
<thead>
<tr>
<th>Name of University</th>
<th>College, if Any</th>
<th>Date of Entry</th>
<th>Date of Leaving</th>
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</table>

### 12 Particulars of all examinations passed and degree and technical qualifications obtained at the University or other places of Higher technical education or instruction *(commencing with the Matriculation or equivalent examination)*

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<tr>
<th>Examination or Degree</th>
<th>Class or Div</th>
<th>Subjects Taken</th>
<th>% Marks Obtained</th>
<th>Year</th>
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### 13 Have you been outside India? If so Give following particulars

<table>
<thead>
<tr>
<th>Name of Place and Country visited</th>
<th>Duration of visit</th>
<th>Purpose of visit</th>
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<td>From</td>
<td>To</td>
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14. Details of postgraduate work and published papers. Give titles of papers here and attach reprints (If the space below is insufficient give full particulars on a sheet of paper and attach it to this application inserting here a reference to the sheet attached. Any additional qualification may be mentioned here or on separate sheets.

15. Have you represented the University/State in National/International competition in Sports/Games? if ‘Yes’ give details thereof.

16. What languages (including Indian languages) can you read, write or speak. Give particulars and state examination passed in each.

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<thead>
<tr>
<th>Read only</th>
<th>Speak only</th>
<th>Read &amp; Speak</th>
<th>Read, Write &amp; Speak</th>
<th>Examination Passed</th>
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17. Details of employment in chronological order

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<tr>
<th>Name of employer</th>
<th>Date of joining</th>
<th>Date of leaving</th>
<th>Post held &amp; nature of duties</th>
<th>Scale of Pay / Basic Pay</th>
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18 Are you a Government Servant at present?
   If Yes, state whether your appointment is temporary or permanent: Yes / No

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

20 If selected How much time period you require for joining:

21 References (In Block letters)

   They should be residents in India and holders of responsible positions. They should be intimately acquainted with applicant’s Character and work but must not be relations. When the candidate has been in employment he should either give his present or most recent employer or immediate superior as a referee or produce a testimonial from him in regard to the candidate’s fitness for the post for which he is an applicant.

   i. Name .......................................................... .......................................................... .......... ......
   Occupation or position .......................................................... .......................................................... ......
   Place .......................................................................................................................... .......... ......
   Address: .......................................................................................................................... .......... ......
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   ii. Name .......................................................... .......................................................... .......... ......
   Occupation or position .......................................................... .......................................................... ......
   Place .......................................................................................................................... .......... ......
   Address: .......................................................................................................................... .......... ......
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   iii. Name .......................................................... .......................................................... .......... ......
   Occupation or position .......................................................... .......................................................... ......
   Place: .......................................................................................................................... .......... ......
   Address: .......................................................................................................................... .......... ......
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22 Copies of testimonials from
   1.
   2.
   3.

   Attested copies of not more than three testimonials should be submitted. Original testimonials should not be submitted unless asked for.

23 Any additional qualifications such as membership of Scientific Societies may be mentioned here.
List of Enclosures/Annexures:

1.

2.

3.

DECLARATION

I……………………………………………………………………………………hereby declare that the information given above 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 at any time my candidature is liable to be cancelled and action initiated against me.

..............................................
Signature of the Candidate

Date:............................
Place: ............................

FOR USE OF DEPARTMENT /OFFICE IN WHICH THE INDIVIDUAL IS PRESENTLY EMPLOYED

No. ..................................  Place: ............................
Date: ............................

We have no objection and that the individual will be relieved within one month on his/her Selection.

Signature: ..........................................................

Name: ..........................................................

Designation: ..................................................

(With Office Seal)
Name: 
Date of Birth: 
Full Address for Correspondence: 
Post applied for: 
Advertisement No: 
e-mail ID: 
Contact No.: 
Area of Specialization: 
Category (SC/ST/OBC General/PWD): 
Pay acceptable: (if selected) 

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<th>Qualifications starting from matriculation or equivalent onwards</th>
<th>Experience</th>
<th>Developments projects / schemes compiled (Give title of project/scheme &amp; a very brief description of your actual duties)</th>
<th>Special Merits / Awards and other similar information</th>
<th>No. of Publications</th>
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<tbody>
<tr>
<td>Certificate / Degree</td>
<td>Division</td>
<td>% of Marks</td>
<td>Year</td>
<td>Board / University</td>
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*Note:* Write very precisely. Brief and clear statements would be appreciated. Essential: Incomplete or inadequate information supplied in this form may disqualify.

Signature of the candidate