



## 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)

Sector-81, Knowledge City, PO-Manauli, S.A.S. Nagar, Mohali, Punjab – 140306

फोन /Tel: 0172-5221400, फेक्स/Fax: 0172-5221499 वेबसाइट/Website: www.ciab.res.in

#### **APPLICATION FORM FOR RECRUITMENT OF ADMINISTRATIVE & TECHNICAL STAFF**

#### **ADVERTISEMENT No: CIAB/52/2020-Rectt.**

To be filled in by the candidate		For Office use
Advt. No. _____ _____	Particulars of application fee (Rs.) _____  Transaction ID / UTR No. _____  Date _____  Name of the bank & Branch _____  (Attach Proof of Transaction with this form)	Application S. No: _____  Date of receipt: _____

Affix your self-attested recent coloured size passport photograph
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1.	Name in full <b>(IN BLOCK LETTERS)</b>	
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 and Place of Birth: (DD/MM/YYYY)	_____, Place of Birth: _____
6.	Age (as on 03-08-2020)	Years <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/>
7.	Postal Address	_____ _____ _____ _____ Pin: <input type="text"/>

8.	Phone No. (with STD code)							
9.	Mobile No							
10.	E-mail							
11.	Permanent Home Address	<hr/> <hr/> <hr/> <hr/> <hr/> Pin: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
12.	Are you a citizen of India by birth or by domicile?							

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

PwD	Scheduled Caste	Scheduled Tribe	Other Backward Class

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

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15. Educational/ Professional Qualifications  
**(a) (Class 10<sup>th</sup> Onwards to Master's Degree(s):**

<u>Exam. Passed</u>	<u>Division/ Grade &amp; % age of marks</u>	<u>Year of Passing</u>	<u>Duration of the Degree, etc.</u>	<u>Board/Univ.</u>	<u>Subject(s)</u>

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

<u>Exam. Passed</u>	<u>Division/ Grade &amp; % 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>

17. 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 and last pay drawn*</u>	<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>		


\* If candidate is in IDA pay scale, he should submit a proof of its equivalency to CDA scale.

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

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

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

20. If your answer at 19 (above) is Yes, please state if you are a **regular employee or contractual or an employee on probation** \_\_\_\_\_

21. Time (in Months) required for joining, if selected: \_\_\_\_\_

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

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23. Names and addresses of 3 referees of professional association (**with email addresses**)

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

24. 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:  
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:

1. The information furnished by Dr./ Shri / Ms \_\_\_\_\_ has been verified from official records and found correct.
2. It is also certified that no vigilance / 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: