

NATIONAL CENTRE FOR CELL SCIENCE, PUNE

1	Advertisement No.							
2	Name of the post and its Sl. No.:							
3	Name in full (in block letters)							
4 a)	Postal Address in full with telephone No.							
b)	Permanent Address with telephone No.							
c)	E-mail Address							
5	a) Date of Birth <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">dd</td> <td style="text-align: center;">mm</td> <td style="text-align: center;">yy</td> </tr> </table>				dd	mm	yy	b) Present Age: _____ Years _____ Month
dd	mm	yy						
	c) Sex: Male/Female	d) Place of Birth:						
	e) Whether SC/ST/OBC (Non-creamy Layer)/PH	f) Marital Status: Married /Unmarried						
	g) Nationality :-							
6.	Father's /Husband's Name, Occupation and address (if not alive state last address and occupation)							

7. Educational Qualification				
Examination passed (SSC onwards)	Year of Passing	School/College /University in Which studied	Class / Percentage obtained	Special subjects taken
S.S.C				
H.S.C				
Graduation				
Post graduation				
Doctorate				
Specialization				

8. The languages you can	Read :
	Speak :
	Write :

9. Previous Service Details : (Chronologically starting from the present employer)							
Name & Address of the employer	Date of		Post held	Scale of pay	Total Emoluments	Nature of Duties	Reasons for leaving
	Joining	Leaving					

10. Reference – not acceptable from relation – Give full name & addresses of two referees with telephone Nos.	
1.	2.

11. If selected what notice would you require for joining the post:	
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12. Are you going to accept minimum of the scale:	
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13. Additional information, if any.	
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I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:

Place:

Signature of the candidate