राष्ट्रीय कोशिका विज्ञान केन्द्र, पुणे

BRIC-National Centre For Cell Science, Pune An Autonomous Institute of Department of Biotechnology, Ministry of Science & Technology, Govt. of India NCCS Complex, S. P. Pune University Campus, Ganeshkhind, Pune – 411 007.

Website: https://www.nccs.res.in/ E-mail: admindept@nccs.res.in Ph:020 25708220

Advertisement No. 2/2025

National Centre for Cell Science, Pune is a premier Autonomous Institution established by the Department of Biotechnology, Ministry of Science & Technology, Government of India, for Research, Development & Training.

NCCS invites applications for the post of Counsellor, purely on temporary basis.

1. Counsellor: 1(One) Post.

Monthly Consultancy Fees of Rs. 20,000/-.

Languages known: English, Hindi, Marathi

Candidates should possess Master's degree/Doctorate in psychology with at least one year experience in providing counseling to students/staff of academic /research institute.

The Counsellor is required to provide consultancy services of 2 hours daily in a week in the afternoon and if required online. Institute remains closed on all Saturday, Sunday and Government Holidays.

Age Limit: Maximum age limit for applying is upto 50 years.

*Download Application Format from website https://www.nccs.res.in/Career/4. Advertisement in Hindi and Marathi language are posted on our website.

Notes:

- 1. Application in the prescribed format in soft copy (Single PDF and word documents) duly filled in and attested copies of all certificates showing date of birth, qualifications, details of examinations passed, experience, caste certificate, if any, recent passport size photograph and other relevant documents should be sent to admindept@nccs.res.in on or before 21.11.2025. Please mention the post applied for in subject matter of mail.
- 2. Applications received after the due date and /or without the copies of the required certificates will not be considered. Proof of experience should be submitted along with application.
- 3. The Director, NCCS reserves the right to enhance / reduce the number of posts and also to cancel the recruitment process.
- 4. No interim inquires will be entertained.
- 5. The posts advertised shall be need based without any commitment for its filling.
- 6. Canvassing in any form and / or bringing in any influence will be treated as disqualification for the post.
- 7. The appointment will be for a period of one year and can be extended further, at the discretion of the Director.

DIRECTOR (Addl. Charge)

NATIONAL CENTRE FOR CELL SCIENCE, PUNE

Affix Photograph here

APPLICATION FORM

1	Advertisement No.	
2	Name of the post and its Sr. No.:	
3	Name in full (in block letters)	
4 a)	Postal Address in full with telephone No./ Mobile No. (Mandatory field)	
b)	Permanent Address with telephone No./Mobile No. (Mandatory field)	
c)	E-mail Address	
5	a) Date of Birth dd mm yy	b) Present Age:YearsMonth
	c) Sex: Male/Female	d) Place of Birth:
	e) Whether UR/SC/ST/OBC/PWD : If PWD % age of disability	f) Married / Unmarried:
	g) Nationality :-	
6.	Father's /Husband's Name, Occupation and address (if not alive state last address and occupation)	
6 a	Have you been convicted by a Court of Law? Is there legal case filed against you in a Court of Law? If yes, provide details.	

7. Educational Qualifications –							
Examinati passed (SS onwards	SC	Year of Passing	/Unive	ool/College rsity in Whi studied		ntage	pecial subjects taken
S.S.C							
H.S.C							
Graduation							
Post-Graduation	on						
Doctorate							
Specialization							
8. The langua	iges you ca	ın	Read :				
	Speak:						
			Write	:			
	I						
9. Experience							
Name & Address of	Da Joining	te of Leaving	Post held	Scale of pay	Total Emoluments	Nature of Duties	Reasons for leaving
the	Johning	Leaving		pay	Linoidinents	Duties	leaving
employer							

	Afternoon	From	to					
11. References – (not acceptable from relation) – Give full name & addresses of three referees with e-mail								
Id and telephone Nos. 1.	2.							
1.	2.							
_								
3.								
12. If selected what notice would y	ou require							
for joining the post:								
13. Any of your relatives working	in NCCS? If							
the answer is 'YES' give details su								
relation with the employee/in whic								
he/she is working.								
14. Additional information, if any								
l								

From

to

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:

10. Preferable Visiting Hours in | Morning

NCCS

Place:

Signature of the candidate