



CSIR - INDIAN INSTITUTE OF CHEMICAL BIOLOGY

4, Raja S. C. Mullick Road, Jadavpur, Kolkata - 700 032



PASTE RECENT
PASSPORT SIZE
PHOTOGRAPH

Application for the Position of _____

Area of Research Interest :

Vacancy Code No. :

Advertisement No. :

Application No. :

CANDIDATE'S RESUME

Name

Sex (Tick the appropriate box) Male Female Others

Date of Birth (DD/MM/YYYY)

Father's Name

Correspondence Address

Pin Code

Permanent Address

Pin Code

Res. Contact No. (Including ISD, STD)

Mobile / Hand Phone No.

e-mail I.D.

Category to which you belong (Tick the Appropriate box) General SC ST OBC

Marital Status Unmarried Married Widow Divorce

Whether Physically Disabled (Tick the Appropriate box) No Yes

If Physically Disabled, mention the category (Tick the Appropriate box) Visually Impaired Hearing Impaired Orthopaedically Handicapped

Are you an employee of CSIR? (Tick the Appropriate box) No Yes

Whether Previously worked in IICB / CSIR (Tick the Appropriate box) No Yes

If yes, please specify details

ACADEMIC QUALIFICATION (Ph D)

Name of the University

Date of award of PhD

Subject

Name of the Guide

Academic Qualification (Post Graduation)

Name of the Exam

Name of the Board / University

Year of Passing

Subjects Offered

Percentage of Marks

Academic Qualification (Graduation)

Name of the Exam

Name of the Board / Council

Year of Passing

Subjects Offered

Percentage of Marks

Academic Qualification (12th Standard)

Name of the Exam

Name of the Board

Year of Passing

Subjects Offered

Percentage of Marks

Academic Qualification (10th Standard)

Name of the Exam

Name of the Board

Year of Passing

Subjects Offered

Percentage of Marks

Other Qualification

Name of the Exam

Name of the Board / University

Year of Passing

Subjects Offered

Percentage of Marks

Technical Qualification

Name of the Course

Name of the Board / University

Year of Passing

Percentage / Grade

Qualifying Examination Passed (NET - JRF / DBT -JRF / ICMR - JRF / DST-INSPIRE / GATE / GPAT / Others)

Name of the Examination Passed

Roll No.

Month & Year of Passing

Work Experience

Name of the Organization

Whether Pvt. / Govt., etc. ?

Date of Joining

Date of Leaving

Scale of Pay

Total Remuneration (Per Month)

Details of Work Profile

Research Experience

Name of Organization

Date of Joining

Date of Leaving

Details of Research Work Done

Details of Awards Received

Title of the Paper	Name of the Journal	Date of Publication	Impact Factor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Awards Received

Name of the Award

Name of the Issuing Organization

Year of Receiving

Others

Are you related to any Employee of CSIR/IICB ? No Yes
(Tick the appropriate box)

If yes, please mention the Name of the employee

Designation of the Employee

Institute / Lab where he / she is working

Relationship with you

Any Other Relevant Information

Details

Extra Curricular Activities

Proficiency in Sports
(Tick the Appropriate box)

- Cricket Volley Ball Football Athletics
- Chess Bridge Carrom Badminton
- Table Tennis None

Any Other (Please Specify)

Level of Proficiency
(Tick the Appropriate box)

- Represented School College University
- District State Country

Specify details of your achievements in sports

Proficiency in Cultural Activities
(Tick the Appropriate box)

- Music Dance Drama

Any Other (Please Specify)

Specify details of your Cultural achievements

DECLARATION OF THE CANDIDATE

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of particulars or information given herein being found false or incorrect, my candidature for the post is liable to be rejected or cancelled and if they are found to be false after my appointment then my services are liable to be terminated without any notice to me.

Date :

(Signature of the Candidate)