

INSTITUTE OF NANO SCIENCE AND TECHNOLOGY

(An Autonomous Research Institute of Department of Science and Technology, Government of India)
Habitat Centre, Sector-64, Phase-X, Mohali-160062, Punjab

APPLICATION FORM (for Scientific and Technical Posts)

To be filled in by the candidate	For Office use
Post applied for:	Application S. No:
Details of application fee Transaction No. (RTGS): DD/IPO No.: Date of Issue/Transfer: Name of the Issuing Bank or Post Office: (Please write your name and post applied for at the back of the DD/IPO or attach duly signed receipt of online payment)	Date of receipt:

Affix your self-attested recent coloured passport size photograph

1.	Name in full (IN BLOCK LETTERS)			
2.	Please Tick:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Married <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	
3.	Father's/ Husbands' Name			
4.	Mother's Name			
5.	Date of Birth:		Place of Birth	
6.	Age (as on 10.10.2017)	Years <input type="checkbox"/>	Months <input type="checkbox"/>	Days <input type="checkbox"/>
7.	Postal Address for correspondence	<hr/> <hr/> <hr/> <hr/> <hr/>		
		Pin: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Phone No. (with STD code)			
9.	Mobile No			
10.	E-mail			

11.	Permanent Home Address	<hr/> <hr/> <hr/> <hr/> Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.	Are you a citizen of India by birth or by domicile?	

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

Scheduled Caste	Scheduled Tribe	Other Backward Class	Physically Handicapped	Ex-servicemen

14. Educational Qualifications [in chronological order from highest up to matriculation]

S. No	Examination Passed	Year of Passing	Board/ University	Subject(s)	Division/ Grade and percentage of marks

15. Professional Qualification (e.g. Professional Trainings, Courses, workshops etc.)

S. No	Examination Passed/Trainings/ Workshop attended	Year of Passing	Board/ University/ Institution	Subject(s)	Division/ Grade & % age of marks

16. Employment Record [Details in chronological order, starting with present employment up to the first employment]

S. No.	Organization (also specify whether Govt./PSU or Autonomous body or /Private)	Post Held (Also specify whether regular or contractual)	Scale of pay/ Pay Band and Grade Pay	Duration (Exact dates to be given)		Total period (in years)	Nature of duties
				From	To		

17. (i) Total Experience in years **after** obtaining Essential Qualifications :

(ii) Experience, if any, **prior** to acquiring Essential Qualifications :

Total :

18. Research Experience: (including Post doctoral)
 (details should be attached in a separate sheet not exceeding 200 words)

S. No.	Position	Institute and Supervisor	Topic	Duration (Exact dates to be given)		Duration
				From	To	

19. (a) List of publications (give total numbers) :
- i. Published :
 - ii. Accepted :
 - iii. Under Preparation :
 - iv. Papers in conference proceedings :
 - v. Papers presented in conferences but not published :
 - vi. Books/Chapters in books :
 - vii. Details of Three best publications **with impact factor** :
 - viii. Patents Published :

[Note: A complete list of publications indicating impact factor must be attached in a separate sheet. Alongwith this sheet, copies of front-page of each publication be enclosed.]

(b) Post Graduate Thesis Supervision:

S. No.	Name of student/ research scholar	Title of Thesis	Doctorate/ Master's	Year of Completion	Co-guide (if any)

(c) Sponsored Projects Undertaken:

S. No.	Sponsoring Agency	Title of Project	Amount of grant	Period	Co-investigator (if any)

(d) Consultancy Work Done:

S. No.	Organization	Title of Project	Amount of grant	Period	Co-investigator (if any)

(e) Industrial Experience Interaction:

S. No.	Organization	Nature of Work	Period

(f) Professional Training Received:

S. No.	Name of Training	Organization where training was received	Year	Duration

(g) Membership of Professional Bodies/Organizations:

S. No.	Name of the Professional Body	Membership Status (Life/Annual)

(h) Important Conferences/Seminars Attended:

S. No.	Conference/Seminar	Title of paper read (if any)	Year

(i) Short-term Course/Conferences/ Workshop/Seminars etc. organized:

(j) Other academic and corporate activities:

(k) Awards and recognitions:

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

21. Synopsis (on a separate sheet as annexed in a separate link in excel format)

22. In the event of selection, time required for joining: _____

23. Name and address of 2 referees (with email address), under whom the candidate has worked or studied

S. No	Name and Address	E-Mail ID / Phone No.
1.		
2.		

24. List of enclosures (in the same order as in columns 14, 15, 16 and 19)

S. No	Enclosures

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If, at any time, I am found to have concealed/distorted any material information, my candidature shall be rejected and/ or my appointment shall be liable to be summarily terminated without notice/compensation.

Place:

Date:

Signature of the Candidate

CERTIFICATE

(TO BE GIVEN BY THE HEAD OF OFFICE/ORGANISATION)

(in case application is forwarded through proper channel)

Certified that the particulars furnished above by the candidate have been verified and found correct. Also certified that no disciplinary/vigilance proceedings are either pending or contemplated against the officer. Integrity of the officer is also certified.

Signature of the Head of the Organization with Seal