

INSTITUTE OF NANO SCIENCE AND TECHNOLOGY

(An Autonomous Research Institute of Department of Science and Technology, Government of India)
Knowledge City, Sector-81, SAS Nagar, Mohali-140306, Punjab

APPLICATION FORM (for Scientific and Technical Posts)

To be filled in by the candidate	For Office use
Post applied for: Tick any one : (a) Direct recruitment (b) Absorption (c) Deputation (including short term-contract)	Application S. No: Date of receipt:
Details of application fee Transaction No. (RTGS): Date of Transfer: Name of the Issuing Bank: (Please attach duly singed receipt of online payment)	

Affix your self-attested recent coloured passport size photograph

1.	Name in full (IN BLOCK LETTERS)						
2.	Please Tick:	(a) Gender	Male	Female	Others		
		(b) Marital Status	Married	Unmarried			
3.	Father's/ Husbands' Name						
4.	Mother's Name						
5.	Date of Birth			Place of Birth			
6.	Age (as on 02.05.2022)	Years	<input type="text"/>	Months	<input type="text"/>	Days	<input type="text"/>
7.	Postal Address for correspondence	<hr/> <hr/> <hr/> <hr/>					
		Pin:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	Pay Level / Scale of pay/ Pay Band and Grade Pay	Duration (Exact dates to be given)		Total period (in years)	Nature of duties
				From	To		

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

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. Average Impact Factor for publications (Total IF / Total Publications) :
- III. Accepted :
- 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 (other than the review articles) :
- VIII. Patents Published/ Submitted with details :

[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) PhD / 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 the columns above)

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