

# Centre For Materials For Electronics Technology (C-MET)

Affix Latest
Passport Size
Photograph
Duly Signed

## APPLICATION FORM

	ry (NCL)	Amount Rs.  Demand Draft No: Bank Name: Branch Name: Date:	D.D. for Rs  Removed on  Date:  Administration
	Mode of Application  Please ✓	Direct Recruitment	Transfer(Absorption)
	Please v		
1.	Name in full (in BLOCK	letters) :	
2.	Father's/Husband's Nan	ne :	
3.	Date of Birth (Proof to be Age at Matriculation (10 Age as on closing date		
4.	Nationality	:	
5.	Religion	:	
6.	Correspondence Addres	s :	
	E-mail Telephor Mobile N	: ne/Fax No. :	

7	Permanent Address	
/.	remailent Address	

- **8.** Whether belongs to GEN/SC/ST/OBC(NCL)/PWD: (strike out whichever is not applicable)
- **9.** Whether documentary proof from appropriate authority in support of your claim being SC/ST/OBC(Non-creamy layer)/PWD is enclosed
- **10.** Are you related to any of the employees of C-MET: If so, provide Name and details of the Employee, Lab where he/she is working & nature of relationship:
- **11.** Educational Qualifications : (in chronological order starting with 10<sup>th</sup> /Matric onwards) *Use extra sheet, if needed.*

Exam Passed	Year of Passing	University / Board	Subject	Marks	Percentage of Marks

**12.** Details of Experience; if any (particulars of all previous and present employment) (starting with the most recent) - *Use separate sheet, if needed.* 

Name of the Organization	Post Held	Dura	ation	Basic pay in the Scale of	Detailed nature of
/ Institute		From			duties performed (Use separate sheet)*

<sup>\*</sup> duly authenticated by your signature

13.	<ul> <li>Whether qualifications/experience prescribed for the post applied for are satisfied (if any of the qualification secured by you is considered equivalent to the prescribed, indicate authority thereon)</li> </ul>								
14.	Whether you are fulfilling the conditions for : YES / NO Transfer on absorption basis or not :								
15.		you ever		ndia? If so	, please	provide deta	ils:(other than		
Co	untry \	/isited	Date of Visit	Duration	of Visit	Pui	rpose of Visit		
16.	and Paten	papers ts/Techno		/Projects d/Technol	comple ogies tra	ted/ Proje nsferred/Awa			
У	our v	vision fo	rite up regarding or C-MET, if rea of Activities o	selected	(Please		s post including T website for		
18.	Area	of special	ization :						
19.	Financ		sis of Scientific P				chno-economic & I out, if any (not		
20.	Mention the broad R&D fields of C-MET interests in which you have expertise. (if you are selected, what kind of projects you propose to do. please give synopsis of the same separately, as an annexure)								
21.	Specia	al qualific	ations, if any :						
22.	Please state clearly with reference to information furnished above, whether you meet the requirement of the post :								
23.	Details about present Employment with nature:								
	(a)	Name o	f the post held		:				
	(b)	Regular	/Contract/Deputa	ntion	:				
			•						
	(c)	Pay Ban	k & Basic pay / G	Brade Pay	:				

(d)

Date of next increment

24.	Order of	Preference	of C-MET	centre (	Hyd	/Pune	/TCR	):
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#### **25.** References

(These referees should be residents in India and holders of responsible positions. They should be intimately acquainted with the applicant's character and work but must not be relatives. When the candidate has been in employment, he/she should either give his/her present or most recent employer or immediate superior as a referee or produce a testimonial from him/her in regard to the candidates fitness for the post for which he/she is an applicant)

:	I. Name		
(	Occupation or position		
,	Address including email & Mob.No.		
2	2. Name		
(	Occupation or position		
,	Address including email & Mob.No.		
26.	Copies of testimonials from : 1.		
	2.		
	3.		
	(Attested Copies of not more th Original testimonials should not b	an three testimonials should be submit e submitted unless asked for)	ted
27.	Any other information you may like	to indicate:	
28.	List of Enclosures		

1. Number, Date and amount of DD's enclosed:

3.

#### **DECLARATION**

I hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied by me and all statements made and information furnished in this application are true and complete to the best of my knowledge and belief.

I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact including category, age or educational qualification, experience etc. made in my application form, I understand that I will be denied any employment in the organization and if already employed on any of the posts in the Institute, my services will be terminated forthwith.

Place : Date :	Signature of the candidate
	TIFICATE TO BE FURNISHED BY THE EMPLOYER/HEAD OF OFFICE/ARDING AUTHORITY, IF IN GOVT SERVICE AND APPLYING THROUGH PROPER CHANNEL
correct a	ertified that the particulars furnished by are and he/she possesses educational qualification and experience mentioned in ertisement.
Further	certified that:
(i) (ii) (iii)	There is no vigilance case pending/contemplated against him. His/her integrity is beyond doubt. No major/minor penalties have been imposed on him/her during the last 10 years
	Signature: Name and Department office seal

### **ANNEXURE to SI. NO. 16**

Details of Post Doctoral work or experience after Graduation/Post Graduation and papers published/Projects completed/ Projects on-going/ Patents/ Technologies developed/Technologies transferred/Awards/Recognition etc.:

For Published F	Papers:								
S.No.	Title of Papers, Authors names, Name of Journal, year, vol no., Page no. etc							IMPACT FACTOR	
For Patents:									
S.No.	Title of Patent, Authors names/University/Company's name, Date or Year of filling/Awarded.							Patent Number	
For Projects:									
S. No.	Title of Project	Outlay		unding Comple gency Year/ ( goin		r/ On- of oing (If req		description f project quired attach parately)	
For Technologi	es Developed/	Transferred	d:						
S. No.	Technologies Developed/Transferred:  S. No.  Title of Funding ToT Details of To technology agency/User transferred to whom trandeveloped agency or not the To						nsferred and		
For Awards/Re	cognition:								
S.No.							Remarks		