

## **ಸಿಎಸ್ಐಆರ್ - ठಾಷ್ಟ್ ರೀಯ ವೈಮಾಂತರಿಕ್ಷ ಹಿಯು (तथार्थ)** सीएसआईआर-राष्ट्र ीय वाांतररक्ष प्रयोगशालाएं , बेंगलुरु – 560017, भारत **CSIR-**

## NATIONAL AEROSPACE LABORATORIES (Council of Scientific & Industrial Research)

Bengaluru – 560017, INDIA

ADVT. No. 05/2024

## APPLICATION FORM FOR WALK-IN-INTERVIEW

Affix your latest passport size photograph

DATE:

1.	Name of the Post applied for		PA-I	PA-I (NET/ GATE)	PA-II	PA-II (NET/ GATE)	SPA
2.	Specialization						
3.	Name in full (Block letters)						
4.	Father's / Husband's Name (Block letters)						
5.	Date of Birth (as per X Std. / SSLC Certificate) (DD/MM/YYYY)						
6.	Age						
7.	Sex (Male/Female)						
8.	Nationality						
9.	Category		UR/	SC/ST/OE	SC/EWS/I	PWD	
10.	10. Address for Communication with PIN code		No.				
		Mobile I					
		Linairi	υ.				
11.	Permanent Address with PIN code						

12.Educational Qualification (attach relevant copies)						
Details of Courses	Period of Course		Total	Total	%/	Board/
and Specialization	From (MM/YY)	To (MM/YY)	Marks	Marks Obtained	CGPA score	University/ Institution
SSLC / X Std.						
10 + 2 / PUC						
Diploma						
Graduation						
Post-Graduation						
Ph.D						

13. Details of Employment (in Chronological Order) (attach relevant copies)							
Name of the organization & Place		Period				Whether	
(Please specify whether Central/Govt. /State Govt./Public Sector/Autonomous Body/Private Sector)	Position(s) held	From (MM/YY)	To (MM/YY)	Nature of Work	Gross Pay Scale	working on Regular/ Contractual / Adhoc Basis etc.,	

14.	Are you having CSIR-UGO	C NET/GATE Score card?	YES / NO			
		(	If yes, please attach valid score card / certificate)			
15.	Any other information					
16.	Particulars of close relati	ives working in CSIR / CSIR-N	NAL: YES / NO			
10.	Turtiounary or cross remain	ives worming in doine, doine i	·			
Nam	e		(If yes, please provide following details)			
Doci	gnation					
Desig	gnation					
Divis	sion					
Rela	tionship					
17.	-	/ Contractual obligation to vt. / PSU / Autonomous or cation				
18.	Whether dismissed from	m service from any other				
	institution / office or del Commission. If Yes, give	parred by the Public Service				
	Gommission: ii 1es, give	uctans				
*	I hereby declare that all the best of my knowledge and		application are true, complete and correct to the			
*		ent shall be liable to be canc	peing found false or incorrect at any stage, my elled / terminated summarily without notice or			
Plac	e:		Signature:			
Date	2:		Name:			

Date:
NO OBJECTION CERTIFICATE
This is to certify that Ms./Smt/Shri
is working as(Designation),
(Division)
w.e.f
It is further certified that we have no objection to his/her attending
interview for the post of at CSIR-NAL against
Advertisement No scheduled to be held during
If selected, he/she will be
relieved within 15 days from the date of his / her resignation.
Signature of the PL/HOD:
Name:
Designation:

Division:....