

## सीएसआईआर-कोशिकीय एवं आणविक जीवविज्ञान केंद्र, हैदराबाद 500007 तेलंगाणा CSIR-CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY

## Hyderabad 500007 TELANGANA

Advertisement No:									
Post Code:									
Post Name: Project Number:					Affix Recent Passport size Photograph here				
1. Registration ID									
2. Name in Full									
3(a). Mother Name									
3(b). Father Name									
4. Category		General/SC/ST/OBC							
5. Physically Handicapped		Yes/ No							
<ul><li>6(a). Date of Birth</li><li>6(b). Age as on date of interview</li><li>6(c). Place of Birth</li></ul>		yearsmonthsdays							
7. Gender									
8. Marital Status		Married/ Unmarried							
9. Are you related to any employee of CSIR/CCMB: If yes, Name & nature of relationship:		Yes/ No							
10. Address for Comm	unication with								
PIN CODE									
11. Permanent Address									
with PIN CODE									
12. Email									
13. Contact Number		Land Line:							
		Mobile:							
14. Education Qualifications					T	T	1		
Qualification	University/		Year of	Duration of	Division	%of Marks	Main Subjects		
	Board		Passing	Degree/ course					
SSC/X Class									
Intermediate/ XII class									
Graduation									
Post Graduation									
Ph. D/ Anyother									

15. Dissertation,	If any	Y								
Thesis Title :										
Thesis submitted	1:									
Name of the Sup	erviso	or:								
Broad Area :										
University/Instit	ution	:								
16. Whether qual	ified i	n NET (CS	SIR/U	GC/GAT	TE/Others) :					
Name of the fel	lowsh	ip :								
Year of qualifying :										
Roll No :										
Fellowship valid until :										
17. Additional de	tails o	f PhD qual	ificati	on:						
Thesis submitte	d on:									
PhD awarded on:										
Name of the Supervisor:										
Thesis Title:										
18. List of Publications, If any										
Title	Fitle Authors			Journal		Year I		Do	i	
19. Conference/ proceedings participated (as presenting author only)										
Conference Nam	ame Place Title		Title		Authors		Year		Presented	
20. Awards / Honors										
21. Details of the employment (in chronological order) if any:										
Duration of service				Post help	Name of		Salary dra	wn	Nature of	
From (dd-mm-yyyy)	•				Organization				duties	
	Î									

22. Any other information you would like to furnish:						
23. References						
Reference1	Reference2					
DECLARATION						
I hereby declare that the statements made in the application are true, complete and correct to best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action initiated against me.						
Place:						
Date:						

Signature of the candidate