

AFFIX APPLICANT'S PASSPORT SIZE PHOTOGRAPH

## **RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY**

Thiruvananthapuram-695014

An Autonomous National Institute for Discovery, Innovation & Translation In Biotechnology and Disease Biology, Government of India, Department of Biotechnology.

## APPLICATION FORMAT FOR THE POSITION OF MULTI TASKING STAFF VIDE ADVERTISEMENT NUMBER RGCB/ADVT/ADMN&TECH/01/2020 dated May 12, 2020

ALL COLUMNS SHOULD BE COMPULSORILY FILLED IN <u>NEATLY IN CAPITAL LETTERS</u> IN BLACK OR BLUE INK OR PRINT OUT TAKEN ON A-4 SIZE PAPER. INCOMPLETE APPLICATONS WILL BE REJECTED

1.	NAME OF THE APPLICANT:					
2.	DATE OF BIRTH:					
3.	GENDER:					
4.	NATIONALITY:					
5.	FATHER'S / HUSBAND'S/LEGAL GUARDIA	N'S NAME:				
6.	POSTAL ADDRESS FOR COMMUNICATION:					
7.	PERMANENT ADDRESS:					
8.	LAND TELEPHONE NUMBER:					
9.	MOBILE PHONE NUMBER :					
10.	E-MAIL:					

11. NATURE	OF PL	ERMANENT DISABILI	TY							
(ENCLOS	PERCENTAGE OF DISABILITY AS PER CERTIFICATE									
	NATURE OF ASSISTANCE REQUIRED DURING EXAMINATION									
COURT	4. HAVE YOU EVER BEEN CONVICTED BY A									
		QUALIFICATIONS BI / MARK SHEETS, ET						•		
Examination Passed		Board/Institute/ University	ı	Duration	Year o Passir			ade/Divisior n % of mark	,	ects studied alization if any)
6. DETAILS ( NECESSAF		REVIOUS EMPLOYM	ENT	BEGINNING	WITH	MOS	T REC	CENT (ATT	ACH SEPARATE	SHEET, IF
State Position held		Department or Institute or Company or		Whether position was Permanent o Temporary or		Define P employ From			Scale of pay or gross consolidated	Job Profile
		University		Contrac					pay or CTC	
		PF PREVIOUS JOB PI JS EXPERIENCE, WI				ATE S	HEET			
8. DESCRIPT FOR THE I	ION OI POSIT	F ANY SPECIAL SKIL ION AT RGCB, AS DE ATE SHEET OR WRI	LS (A	ADDITIONAL RIBED IN THE	DESIRA ADVER			FICATIONS	) THAT THE APP	LICANT HAS

ARE YOU CURRENTLY WORKING IN CENTRAL/STATE GOVERNMENT/								
. IF YES TO T	THE ABOVE	E, WHETHER APPLYING THROUGH PROPER CHANNEL						
IF APPOIN	NTED, HOV	W MUCH TIME DO YOU REQUIRE FOR JOINING THE POSITION:						
		ANT INFORMATIONE SHEET OR WRITE "NOT APPLICABLE")						
BIRTH, EDU	ICATIONAL	URES:(ATTACH SELF ATTESTED COPIES OF CERTIFICATES IN SUPPORT OF DATE OF . QUALIFICATIONS AND DISABILITY CERTIFICATE AS WELL AS A DETAILED BIODATA). INTS ARE ATTACHED						
	No	List which Copy of Document is Attached						
DECLARA	TION							
the positio and compl which may have delib fully under will be de	n for which lete to the by debar my erately suppstand that barred fron	eclare that I have carefully read and fully understood all the instructions and details pertaining to I am applying and that all statements made and information furnished in this application are true test of my knowledge and belief. I also declare that I have not concealed any material information, candidature for the position applied for. In the event any subsequent disclosure that proves that I pressed or distorted any facts including but not limited to information provided in this application, I will be subject to criminal prosecution by RGCB under relevant provisions of Indian law and also applying for any future positions in the institute and further if selected to any position in the terminated forthwith without any compensation.						
		Signature of the applicant						
Place:		Name of applicant (in capital letters)						