**FLUID CONTROL RESEARCH INSTITUTE**

(An Autonomous R&D Institute under Ministry of Heavy Industry

& Public Enterprises, Government of India)

Kanjikode West, Palakkad 678 623, Kerala, India Phone: 0491-2566206, 2566120, 2566119 Fax: 0491-2566326

Passport size Photo with Name & Date

Advertisement No: FCRI/01/2018

RESEARCH ENGINEER

P & A Ref. No (For office use only):

1. Engineering Degree details :

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| **Degree** |  | **Branch** |  |

1. Engineering PG Degree details :

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| --- | --- | --- | --- |
| **Degree** |  | **Specialisation** |  |

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|  | Name in Full (BLOCK CAPITAL) |  | | | | | | |
|  | Gender (Please tick) | **Male** |  | **Female** |  | **Transgender** | |  |
|  | Father's Name & Occupation |  | | | | | | |
|  | Present Address |  | | | | | | |
|  | Permanent Address |  | | | | | | |
|  | Email |  | | | | | | |
|  | Mobile No. |  | | | | | | |
|  | Date of Birth & Age (Completed Years) |  | | | | | | |
|  | Marital Status |  | | | | | | |
|  | Nationality |  | | | | | | |
|  | Passport Number |  | | | **Date till valid :** | |  | |
|  | **State** of Domicile & Mother Tongue |  | | | | | | |
|  | Religion/ Caste |  | | | | | | |
|  | Whether  Scheduled Caste/Scheduled Tribe/OBC |  | | | | | | |
|  | Languages known | Read :  Write :  Speak : | | | | | | |
|  | Have you ever been interviewed earlier by FCRI |  | | | | | | |

1. **Aadhaar No. :**
2. **EDUCATIONAL QUALIFICATION (Account for each year Education starting from Xth standard– copies of Marks card to be enclosed). Separate sheet may be used if required.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification**  **Starting from Xth standard** | **Year of passing** | **School/College/**  **University** | **CGPA / Equivalent percentage next two decimals** | **Remarks**  **(Distinctions, Medals, Prizes)** |
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1. GATE SCORE Details:

Year of passing: Score: Percentile:

1. Short term courses/Professional/Training programmes/Research Papers published\* (If required, please attach separate page.
2. PREVIOUS WORK EXPERIENCE (in chronological order Starting from Present employment and ending with first) (If required, please attach separate page):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s Name and full address | Position held | Name of person to whom reported | Date | | Basic pay | Total emoluments | Nature of work | Reason for leaving |
| From | To |
|  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| YES |  | NO |  |

1. Have you any relations employed in the Institute (Please tick one) :

If YES,

Name:

Position:

Relationship:

|  |  |  |  |
| --- | --- | --- | --- |
| Exempted |  | Paid as below |  |

1. Application fee payment details (Tick one) :

Demand Draft No: Date: Drawn on:

1. Give two references (not related to you) who are well acquainted with your background, service career and character etc.
2. Name :

Occupation :

Address :

Email :

1. Name :

Occupation :

Address :

Email :

1. Details of Your Family Members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member | Name | Occupation (if employed give official address) | Present postal address | Permanent Home address |
| Father (Name in full address if any) |  |  |  |  |
| Mother |  |  |  |  |
| Wife/Husband |  |  |  |  |
| Brothers/Sisters |  |  |  |  |

1. Any relevant information that you may wish to furnish

DECLARATION

I hereby certify that the particulars furnished as above are true, correct and complete in all respects. I agree and accept reservation that at any time, if any of the particulars is found to be untrue, incorrect and /or incomplete, my appointment in the Institute may be terminated without notice.

Signature

Place :

Date :

\*Please attach self-attested copy of supporting documents.