



Indian Council of Social Science Research (ICSSR)

Aruna Asaf Ali Marg, JNU Institutional Area,
New Delhi – 110 067
www.icssr.org

Affix recent
passport size
photograph
duly signed by the
applicant

FORMAT OF APPLICATION

1. Post applied for : **DEPUTY DIRECTOR - RESEARCH (DEPUTATION)**
2. Name of the applicant :
3. Father's/Mother's Name :
4. Husband's Name
(In case of Married female candidate):
5. Date of Birth (DD/MM/YYYY) :
6. Age as on Last date of Application
(in words) :
7. Nationality :
8. Sex- Male/Female :
9. Category (SC/ST/OBC/Gen./PH) :
10. Address for communication :
- Pin Code:
11. E-Mail ID :
12. Telephone/Mobile No. :
13. Present post held/
Name of the office :
14. Date of Appointment in
The Present Post :
15. Present Basic Pay (Specify whether
Regular Pay or ACP/MACP pay) :

16. Pay Scale as per 6th CPC/
Level as per 7th CPC

:

17. Educational Qualification:

S.No.	Exams Passed	Board / University	Year	Division	Percentage (%)	Subject

(Please attach attested photo copies of the testimonials)

**18. Details of Professional/
Technical Educational Qualification**

:

19. Experience :

S.No.	Name of organization with address	Post held & Pay Scale	From	To	Experience			Nature of duties (attach experience Certificate)	Whether regular/ ad-hoc/Full time/Part time
					No. of Years	Months	Total		

(Please use extra sheets if required)

20. Languages Known :
21. Have you ever been imposed
any penalty :
(If yes please give details)
22. If any departmental inquiry pending
or contemplated against you. :
(If yes please give details)
23. Any other relevant information
Which you would like to mention
in support of your suitability for
the post applied for :

24. DECLARATION:

- (i) I hereby declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirement mentioned in the advertisement, my candidature/ appointment is liable to be cancelled / terminated.
- (ii) I have enclosed the required self-attested copies of the certificate.

(Signature of the applicant)

Place:

Date:

Certificate by the forwarding office, in case of application is through proper channel.

Forwarded and certified that the information furnished by Shri/Smt. /Ms. _____.

In his/her application, has been verified from records and is found to be correct and he/she is having relevant experience mentioned as per the job description.

It is further certified that no vigilance/ disciplinary case is either pending or contemplated against Shri/Smt./Ms._____.

Certified copies of APARs for the last five years are attached in separate sealed dossier.

Signature _____

Name _____

Designation _____

(Office seal)