CSIR-CENTRAL INSTITUTE OF MEDICINAL & AROMATIC PLANTS Research Centre, Bengaluru

1.	CANDIDATURE FOR TH	E POSITION	NOF : P	A Level SI	. No	(Advt. No.	PA/June 2018)	
2.	SUBJECT/AREA		:					
3.	. NAME OF APPLICANT :							
4.	FATHER'S/HUSBAND'S NAME :							
5.	DATE OF BIRTH		:					
6.	AGE (as on date of Test/Interview) :YMD.							
7.	7. WHETHER SC/ST/OBC :							
8. CORRESPONDENCE ADDRESS & :								
Phone/ Mobile No								
NAME OF EXAM PASSED DIVISION		DIVISION	% of SUBJECTS		YEAR	BOARD/UNIV.		
High School								
Intermediate								
B.Sc.								
M.Sc.								
Oth Any	er Degree/ Diploma if							
10. EXPERIENCE:								
Name of Deptt./Lab.			Position		Date From -	То	Total period	
11. Whether any close relative employed in CIMAP/CSIR: (If yes, please state his/her name, designation and place of posting etc.)								
	I hereby declare that t above information is foun tificates/Marksheets/Caste	d to be ince	orrect at ar	ny stage, my ca				
					SIGNAT	URE OF C	ANDIDATE	

DATE: PLACE:

Permanent Address: