

APPLICATION FOR THE POST OF DIRECTOR, SEMI-CONDUCTOR LABORATORY (SCL)

PART – I

PROFORMA FOR APPLICATION

1. Name in full :

Affix passport size photograph

2. Name and Address :
(In Block Letters)

3. Father's name :

4. Sex : Male / Female

5. Nationality :

6. Date of Birth :
(*Proof of Date of Birth must be enclosed*)

7. Age: : _____Y _____M _____D
(*As on closing date of application*)

8. Marital Status :

9. Address for correspondence (with pin code):
(*Tel.No., Mobile No. FAX & e-mail, if any*)

10. Permanent Address :

11. Academic & Professional Qualifications:
(Beginning with Graduation)

Name of the Instt./Board/University	Year of passing	Examination / Degree	Percentage of marks in Aggregate and Division

(Specify the gap with reasons in Education career)

12. Field of Specialization:

13. Resume of Research work and publications:
(One set of reprints to be furnished, if available)

14. International and/or National Honours/Awards/Recognition received from reputed organisations/institution:

15. International level Scientific Paper and National level Scientific Paper published:
(One set of reprints to be furnished, if available)

16. Patents/Copyrights/Trademarks/IPR granted for technological development or licences and or commercialisation :-

17. Whether you are heading a Govt. organisation/Autonomous Body/PSUs or its unit/units or any major Division or major Project, give complete details:

18. Employment history in chronological order (descending order, starting from current job) & experience:

(Attach separate sheet in following format, if necessary)

Name & address of employer/Organization / Institution	Period of service	Designation of the post held	Scale of pay and Basic Pay (with Pay Band & GP)	Detailed description of work	Reasons for leaving each post
	From To				

19. Professional Training:

Organization	Details of Training	Period	
		From	To

20. Achievements in the career support of Candidature :

21. Details of present employment :

- i) Designation of the post held :
- ii) Scale of pay of the post :
- iii) Total emoluments per month now drawn :
(with break up – Basic, GP, HRA, DA, TA etc.)
- iv) Whether present post is held on regular / tenure / Deputation or ad-hoc basis and since when :
- v) If on deputation, details of post held on Regular basis / scale of pay and since when :
- vi) Name of the Organization with full address indicating Name and Designation of the contact person And Telephone / FAX number:
- vii) Category of the Organization :
 - (a) Government / State Government
 - (b) PSU / Autonomous Body

22. A Vision Statement as to how you plan to take SCL forward as its Director:

23. Any other information :

Note: Candidates are requested to enclose the copies of documents for substantiating their all the above given information.

Declaration: I hereby solemnly declare that all the above statements are true and correct to the best of my knowledge and belief. Nothing is false or has been concealed / distorted. If at any time, I am found to have concealed / distorted any material information my appointment shall be liable for termination without notice.

Place : _____

Signature: _____

Date : _____

Name of the applicant : _____

E-mail ID: _____

Tel. No.: _____

Mobile No.: _____

PART - II

CERTIFICATE OF SPONSORING AUTHORITY

1. Forwarded _____
2. Certified that _____ is currently holding the post of _____ in the level of _____ of Pay Matrix from _____.
3. Certified that no Vigilance / Disciplinary Proceedings are either pending or contemplated against the above mentioned officer
4. Verified entries in the Application of the Applicant from the service records and certified as correct.

Date: _____

Signature: _____

Name: _____

Designation: _____

Department: _____

Organization: _____