

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

1. **CANDIDATURE FOR THE POSITION OF** : PA Level-II Sl. No..... (Advt. No. PA II/November 2017)
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)** : \_\_\_\_\_ Y. \_\_\_\_\_ M. \_\_\_\_\_ D.
7. **WHETHER SC/ST/OBC** :
8. **CORRESPONDENCE ADDRESS &** :

Photograph

- Phone/ Mobile No . \_\_\_\_\_ Email I.D. \_\_\_\_\_
9. **QUALIFICATION** :

| NAME OF EXAM PASSED          | DIVISION | % of MARK | SUBJECTS | YEAR | BOARD/UNIV. |
|------------------------------|----------|-----------|----------|------|-------------|
| High School                  |          |           |          |      |             |
| Intermediate                 |          |           |          |      |             |
| B.Sc.                        |          |           |          |      |             |
| M.Sc.                        |          |           |          |      |             |
| Other Degree/ Diploma if Any |          |           |          |      |             |

**10. EXPERIENCE :**

| Name of Deptt./Lab. | Position | Date From - To | 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 the information given above is true to the best of my knowledge and belief. In case the above information is found to be incorrect at any stage, my candidature may be terminated. Copies of all Certificates/Marksheets/Caste certificate are enclosed.

**SIGNATURE OF CANDIDATE**

**DATE:**  
**PLACE:**  
**Permanent Address:**