



**CSIR-CENTRAL DRUG RESEARCH INSTITUTE, LUCKNOW**  
**(Council of Scientific & Industrial Research)**

**APPLICATION FORM FOR THE SCIENTIFIC/TECHNICAL POST**

To be filled in and forwarded to the **Director, CSIR- Central Drug Research Institute, B.S.10/1 Sector 10, Jankipuram Extension, Sitapur Road, Lucknow - 226 031** so as to reach him not later than the last date mentioned in the post advertisement (information should be actual and not descriptive).

**Self Attested  
Latest  
Photograph**

**Advt. No.:** .....

**Post Applied for:** .....

.....

.....

**Fees Detail\***

**Bank Name:** ... ..

.....

**Amount:** ..... ..

**DD No.** ..... ..

**Date:** ..... ..

**\* CSIR permanent employees are  
exempted for application fee**

**For office use**

**D.D. for Rs.** ..... ..

..... **.received**

**Date:** ..... ..

**Section Officer**

1 Name in Full (In Block Letters)

Dr/Mr/Ms/Mrs.:

2 Address along with E-mail ID and Contact No.

Permanent Address

Address for Correspondence

3 Post Code and Discipline for which you are a candidate.

i Post Code:

ii Discipline:

4 Date and place of birth

i Date:

ii Place of birth:

5	Are you	(a) a citizen of India by birth and/or by domicile?  (b) a person having migrated from Pakistan with the intention of permanently setting in India? or a subject of Nepal or Sikkim?	Yes/No  Yes/No
6	Name of state to which you belong:		
7	Father's Name: Occupation: Address: <i>(If dead, state his last address and occupation before death)</i>		
8	Is (or was) your father (a) a citizen of India by birth and/or by domicile? (b) a person having migrated from Pakistan with the intention of permanently setting in India? or a subject of Nepal or Sikkim?		Yes / No  Yes / No
9	State your (a) Religion : (b) Are you a member of a Scheduled Caste or Scheduled Tribe or O.B.C. Community ? (c) Are you an Anglo-Indian? (d) Are you domiciled in the Kashmir Division of the state of J&K during the period of 01.01.1980 to 31.12.1989		
		Yes / No  <i>(if the answer is 'Yes' give particulars and a copy of Certificate from the designated authority in support of your claim as Annexure).</i>  Yes/No  Yes/No  <i>(if the answer is 'Yes' give particulars and a copy of Certificate from the designated authority in support of your claim as Annexure)</i>	
10	Have you got any relation in CSIR or its any National Lab/Institute? If so, please indicate his/her Name ..... Designation ..... Place where He/She is working ..... .....		

**Note:**

- Any change of address given in Col 2 above should at once be communicated to the Director, Central Drug Research Institute. Candidates must arrange for the redirection of communication to their address if necessary. The Institute will make every effort to take account of changes in candidates address but cannot accept any responsibility in this matter.
- Since it is not possible to call all the eligible candidates for interview/personal discussion the applicants are to be short-listed for the purpose and the decision of the Council/Laboratory/Institute will be final in this regard.

11 Particulars regarding your University or higher education

Name of University	College, if Any	Date of Entry	Date of Leaving

12 Particulars of all examinations passed and degree and technical qualifications obtained at the University or other places of Higher technical education or instruction  
*(commencing with the Matriculation or equivalent examination)*

Examination or Degree	Class or Div	Subjects Taken	% Marks Obtained	Year

13 Have you been outside India? If so Give following particulars

Name of Place and Country visited	Duration of visit		Purpose of visit
	From	To	

14. Details of postgraduate work and published papers. Give titles of papers here and attach reprints *(If the space below is insufficient give full particulars on a sheet of paper and attach it to this application inserting here a reference to the sheet attached. Any additional qualification may be mentioned here or on separate sheets.*

- 15 Have you represented the University/State in National/International competition in Sports/Games? if 'Yes' give details thereof.

- 16 What languages (including Indian languages) can you read, write or speak. Give particulars and state examination passed in each.

Read only	Speak only	Read & Speak	Read, Write & Speak	Examination Passed

- 17 Details of employment in chronological order

Name of employer Department	Date of joining	Date of leaving	Post held & nature of duties	Scale of Pay / Basic Pay

18	Are you a Government Servant at present? If Yes, state whether your appointment is temporary or permanent:	Yes / No
19	Are you willing to accept the minimum initial pay offered? If not, state what is the lowest initial pay that you would accept in the prescribed scale	Yes / No
20	If selected How much time period you require for joining:	

21 References (In Block letters)

*They should be residents in India and holders of responsible positions. They should be intimately acquainted with applicant's Character and work but must not be relations. When the candidate has been in employment he should either give his present or most recent employer or immediate superior as a referee or produce a testimonial from him in regard to the candidate's fitness for the post for which he is an applicant.*

i. Name .....  
Occupation or position .....  
Place . .....  
Address:.....  
.....  
.....

ii. Name .....  
Occupation or position .....  
Place . .....  
Address:.....  
.....  
.....

iii. Name .....  
Occupation or position .....  
Place: . .....  
Address: .....  
.....  
.....

22 Copies of testimonials from

- 1.
- 2.
- 3.

*Attested copies of not more than three testimonials should be submitted. Original testimonials should not be submitted unless asked for.*

23 Any additional qualifications such as membership of Scientific Societies may be mentioned here.

24 List of Enclosures/Annexures:

- 1.
- 2.
- 3.

**DECLARATION**

I.....hereby declare that the information given above are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected at any time my candidature is liable to be cancelled and action initiated against me.

.....  
**Signature of the Candidate**

**Date:**.....

**Place:** .....

**FOR USE OF DEPARTMENT /OFFICE IN WHICH THE  
INDIVIDUAL IS PRESENTLY EMPLOYED**

No. ....

Place: .....

Date: .....

We have no objection and that the individual will be relieved within one month on his/her Selection.

Signature: .....

Name: .....

Designation: .....

(With Office Seal)

**CSIR-Central Drug Research Institute, Lucknow  
(Council of Scientific & Industrial Research)**

Name:  
Date of Birth:  
Full Address for  
Correspondence

Post applied for:  
Advertisement No:  
Area of Specialization:

e-mail ID:  
Contact No.:

Category (SC/ST/OBC  
General/PWD)

Pay acceptable:  
(if selected)

Qualifications starting from matriculation or equivalent onwards					Experience					Developments projects / schemes compiled (Give title of project/scheme & a very brief description of your actual duties)	Special Merits / Awards and other similar information	No. of Publications
Certificate / Degree	Division	% of Marks	Year	Board / University	Period		Designation	Salary / Grade	Employer / Department			
					From	To						
												Published:  In Press:  Communicated:  Presented:  Abstract:  Patent:  Books:

**Note:** Write very precisely. Brief and clear statements would be appreciated.  
Essential: Incomplete or inadequate information supplied in this form may disqualify

Signature of the candidate