**APPLICATION FORM FOR THE POST OF DIRECTOR, FCRI**

**[THROUGH PROPER CHANNEL]**

(Note: Any column left blank will make the application incomplete and liable for rejection.)

|  |  |  |
| --- | --- | --- |
| 1.
 | Name of the post applied for: | **Director, Fluid Control Research Institute** |
| 1.
 | (a) Name (as per official records) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (b) Identification Number (For Defence Service personnel) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (c) Designation of the Applicant (in full) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (d) Category as per Employment Status: - | Officer of a CPSE/ Autonomous Body/ Central Govt./ Armed Forces of the Union/ All India Services/ Private Sector |
| (e) Office Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.
 | Address for communication: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.
 | Telephone No | Fax No. | Mobile No. | E-Mail address |
| Office | Residence |  |  |  |
|   |   |   |   |   |
| 1.
 |  Date of Birth |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Age as on last  date for submission of application |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  |   |   |   |   |   |

   6.       Eligibility criteria:

|  |  |  |  |
| --- | --- | --- | --- |
|   | As per job description | Possessed by the officer | Whethereligible or not |
| Educational/professional qualifications (along with the name of Institutions) |   |   |   |
| Pay Scale |   |   |   |
| Length of service in eligible pay scale |   |   |   |

7.         Positions held during the preceding ten years:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Sl No. | Designation and place of posting | Organization | From  | To | Equivalent Pay Level as per 7th CPC |
| 1. |   |   |   |   |   |
| 2. |   |   |   |   |   |
| 3. |   |   |   |   |   |
| 4. |   |   |   |   |   |

7.(a) Details of experience relevant for the advertised post and job description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No. | Designation,               and place of posting | Organization | From  | To | Pay scale |
| 1. |   |   |   |   |   |
| 2. |   |   |   |   |   |
| 3. |   |   |   |   |   |
| 4. |   |   |   |   |   |

Note:    1. Please attach a write up, **not exceeding two pages,** in support of your candidature.

2. Full form of all abbreviations used in the application form should be given.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8. | (A) Do you hold lien in any other organization other than where currently working? |

|  |  |
| --- | --- |
| Yes | No |

  |
| If yes:1. name of the organization in which the lien is held:-
2. date from which the lien is held:-
 |
| (B) Are you on deputation? |

|  |  |
| --- | --- |
| Yes | No |

 |
| If yes:     Date from which you have been on deputation:-  |

 9 (a) Whether any punishment awarded to the applicant during the last 10 years. If yes, the details thereof

(b) Whether any action or inquiry is going on against the applicant as far as his knowledge goes. If yes, the details thereof

**CERTIFICATE**

I Certify that the details furnished by me in Cols. 1 to 9 are true to the best of my knowledge and belief.

**UNDERTAKING**

I hereby undertake to join the post, if selected. I understand that if I convey my unwillingness to join the post after the interview is held, but before the appointment is processed, or after issue of offer of appointment, I may be debarred for a period of two years for being considered for any autonomous body under the Ministry of Heavy Industries.

(Name and Signature of the applicant)

Date:

**(To be filled by the Nodal Officer of Ministry/Department of Central / State Government / PSUs, Defence / Autonomous Research Institutions)**

It is certified that the particulars furnished above have been scrutinized and found to be correct as per official records.  The Vigilance status and Grading of APARs/ACRs are also enclosed herewith.

Signature & Designation

the Competent Forwarding

Authority with Telephone Number & Official Seal.