**FLUID CONTROL RESEARCH INSTITUTE**

(Under Government of India, Ministry of Heavy Industries)

Kanjikode West, Palakkad -678 623, Kerala.

Phone No: +91-491-2566120, 2566206; Fax: +91-491-2566326; *www.fcriindia.com*

|  |  |
| --- | --- |
| **Post applied for** | PERSONNEL OFFICER |
| **Notification No./ Date** | **Notification No. FCRI/P&A/2024/PO-N003 dated 09.02.2024** |
| **Closing Date** | **15 MARCH 2024.** |
| Application Number <To be filled by FCRI P&A Dept> |  |

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| --- |
| Please Paste here your latestPassport size photograph (taken within 6 months) |

|  |  |  |
| --- | --- | --- |
| 1 | Name in full (BLOCK CAPITAL) |  |
| 2 | Aadhaar Number |  |
| 3a | Present Address of Organisation / Ministry / Department |  |
| 3b | Name of Post in which currently working |  |
| 3c | Present Pay Level / Scale of Pay (as per 7th CPC) of the post | Pay Level:  |
| 3d | Present Pay in Pay Level (Rs.) |  |
| 3e | Date of appointment to present post |  |
| 3f | Number of Years in current post |  |
| 4 | Contact Information:1. Applicant’s Email ID
2. Applicant’s Mobile No.
3. Alternate Mobile / Landline Telephone No.
 |  |
| 5 | Father’s Name |  |
| 6 | Full Address for Communication |  |
| 7 | Permanent Address in Full |  |
| 8 | Date of Birth (MM/DD/YYYY) Age (in Years) |  |
| 9 | Gender | 1. MALE 2. FEMALE 3. OTHER
 |
| 10 | Nationality | 1. INDIAN 2. OTHERS
 |
| 11 | Religion / Caste |  |
| 12 | Do you belong to /Scheduled Caste / Scheduled Tribe? If YES, state whether SC / ST  | YES / NO (strike-out whichever not applicable)SC / ST  |
| 13 | 1. Do you belong to OBC?
2. If YES, state if Non-Creamy Layer
 | 1. YES / NO (strike-out whichever not applicable)
2. OBC-Non-Creamy Layer / OBC-Creamy Layer
 |
| 14 | Have you ever been awarded a penalty (minor / major)? (If so give details). | YES / NO |
| 15 | Have there been any vigilance actions against you? (If so give details). | YES / NO |
| 16 | Whether there are any criminal cases pending against you? If YES, please provide Case details. | YES / NO |

18. Academic Qualifications: List in the chronological order (latest to oldest).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Qualification****[Course & Specialisation]** | **Institution/ College & University** | **Period** | **Percentage****/ CGPA** | **Whether Full-time / Part-time** |
| **From** | **To** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |

19. Professional Qualifications, Training / Certifications obtained:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Qualification / Certification / Particulars** | **Institution** | **Period** | **Remarks (if any)** |
| **From** | **To** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

20. DETAILS OF EXPERIENCE (Including current Appointment)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Period** | **Employer Name / Organisation** | **Name of Post** | **Pay Level / Pay Scale** | **Nature of Job** |
| **From** | **To** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

21. Minimum time required to join duty, if selected:

**Declaration**

I hereby certify that the particulars furnished as above are true, correct and complete in all respects. I agree and accept without reservation that at any time, if any of the particulars provided by me is found to be untrue, incorrect and/or incomplete, my appointment at the Institute may be terminated without notice.

I also declare that I have enclosed the True copies of the ACR / APAR for the last 5 years with this Application Form.

I have also enclosed the Annexure A and Annexure B with this Application Form.

Place: Signature of Applicant

Date:

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**Annexure-A**

**Major /Minor Penalties Certificate**

This is to certify that no major/minor penalties have been imposed on Shri/Smt./Ms …………………………………………….. Working as …………………………………….. During the last five years.

OR

This is to certify that the following major/minor penalties have been imposed on Shri/Smt./Ms ………………………… working as ……………………….. during the last five years:

Name and Designation of the Officer with Stamp

(to be signed by the Officer not below the rank of Deputy Secretary level)

Date

Place

Address of Office of issue

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**Annexure-B**

**Vigilance Clearance Certificate**

This is to certified that neither Vigilance case/disciplinary/criminal proceedings are pending nor contemplated against Shri/Smt./Ms. ………………...........working as……………………. He/She is clear from Vigilance angle.

Name and Designation of the Officer with Stamp

(to be signed by the Officer not below the rank of Deputy Secretary level)

Date

Place

Address of Office of issue

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