**FLUID CONTROL RESEARCH INSTITUTE**

(An Autonomous R&D Institute under Ministry of Heavy Industries, Govt. of India)

Kanjikode West, Palakkad -678 623, Kerala, INDIA.

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

|  |  |  |
| --- | --- | --- |
| Application Number  <To be filled by FCRI P&A Dept> | |  |
| **Notification No./ Date** | | **FCRI/P&A/2024/RE-N001 dated 09.02.2024** |
| **Closing Date** | | **31.03.2024** |
| **Post applied for** | | **RESEARCH ENGINEER** |
| **Pay Level in Pay Matrix** | | **10** |
| **CATEGORY** | | **GENERAL** |
| Please INDICATE the TECHNICAL CATEGORY of POST for which you are applying based on Educational & Experience Criteria. TICK One from below as applicable. | | **RE-ME-MPF-001**  **RE-ME-CFD-002**  **RE-ME-VTF-003** |
| Please Paste your latest  Passport size photograph  (taken within 6 months) | |  |
| 1 | Name in full (BLOCK CAPITAL) |  |
| 2 | Aadhaar Number |  |
| 3 | Father’s Name |  |
| 4 | Mother’s Name |  |
| 5 | Full Address for Communication |  |
| 6 | Permanent Address in Full |  |
| 7 | Applicant’s Email ID |  |
| 8 | Applicant’s Mobile No. |  |
|  | Alternate Mobile / Landline Telephone No. |  |
| 9 | Date of Birth & Age (in Years) | DD/MM/YYYY ………Years |
| 10 | GENDER | Male / Female / Others |
| 11 | Marital Status | Married / Unmarried |
| 12 | Nationality | INDIAN / Others (please mention) |
| 13 | State of domicile |  |
| 14 | Mother tongue |  |
| 15 | Religion / Caste |  |
| 16 | Do you belong to /Scheduled Caste / Scheduled Tribe?  If YES, state whether SC / ST | YES / NO  SC / ST |
| 17 | Do you belong to OBC?  If YES, state if Non-Creamy Layer | YES / NO  OBC-Non-Creamy Layer / OBC-Creamy Layer |
| 18 | Languages known:  READ  WRITE  SPEAK | 1………………. 2……………… 3……………… 4………………  1………………. 2……………… 3……………… 4………………  1………………. 2……………… 3……………… 4……………… |
| 20 | Whether there are any criminal cases pending against you?  If YES, please provide Case details. | YES / NO |

21. Academic Qualifications: List in the chronological order (latest to oldest). Enclose self-attested copies with your Application Form. Refer CHECK-LIST in the Notification.

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

22. Details of Internships & Apprenticeships completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Organisation** | **DATE**  **From** | **DATE**  **To** | **Department** | **Details about Internship Training** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

23. Professional Qualification Training / Certifications obtained:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of Training / Certification** | **Institution** | **DATE**  **From** | **DATE**  **To** | **Certificate No. & Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

24. Details of Project experience in relevant field. Enclose self-attested copies of Certificate(s) from your Employer with the Application Form. Refer CHECK-LIST in the Notification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Project Title and Cost** | **Brief Description** | **START DATE & Duration** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

25. DETAILS OF PROFESSIONAL EXPERIENCE (Including current) in chronological order (latest to oldest). Enclose self-attested copies of Certificate(s) from your Employer with the Application Form. Refer CHECK-LIST in the Notification.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **DATE** | | **Employer Name & Address** | **Designation**  **and Pay/Salary** | | **Work Profile & Experience in brief** | **Indicate Reason for leaving** |
| **From** | **To** |
| 1 |  |  |  |  | |  |  |
| 2 |  |  |  |  | |  |  |
| 3 |  |  |  |  | |  |  |
| 4 |  |  |  |  | |  |  |
| 26 | Have you ever been discharged/dismissed / terminated / or any type of disciplinary action taken against you for misconduct or unsatisfactory service or involved in any court proceedings, if so give details: | | | | | | |
| 27 | Whether at present employed in Government /Autonomous Body / Govt. Research Institute / Central or State PSE/PSU etc?  If YES, enclose with the Application Form Annexures mentioned in CHECK-LIST. Forward Application Form with Annexures and attachments through Proper Channel. | | | | **YES / NO** | | |
| 28 | Time required to join duty if selected (Provide Tentative Date) | | | |  | | |

29. DETAILS OF YOUR FAMILY MEMBERS:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Member** | **Name** | **Nationality (by birth and /or by domicile)** | **Place of birth** | **Occupation**  **(if employed give Official address)** | **Permanent Address** |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Spouse |  |  |  |  |  |
| Brother/ Sisters |  |  |  |  |  |

**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 if at any time, any of the particulars provided by me is found to be untrue, incorrect and/or incomplete, my appointment in the Institute will be terminated without notice.

Place: Signature of Applicant

Date:

NOTE:

1. Please enclose self-attested copies of all Enclosures as mentioned in the detailed Notification.
2. Candidates from Govt organisations/ State or Central Autonomous Bodies/ PSUs / etc. shall also enclose with the Application Form, the Certificates as per Proforma in Annexures A, B and True copies of ACRs/APARs of last 5 years (or as relevant).

**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 with Seal

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**Annexure-B**

**Vigilance Clearance Certificate**

This is to certified that NO 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 with Seal

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