

Application No. -----
(for official use only)



NATIONAL BRAIN RESEARCH CENTRE
(Deemed University)

NH-8, Nainwal Mode, Manesar- 122 052,

Distt. Gurgaon, Haryana

Tel.: 0124 – 2845200, Email: admin.nbrc@nbrc.ac.in

Application Form for other than Faculty Posts

Please read the instructions before filling the application form.

Advertisement No.....Dated.....

Post applied for

Post Code :

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Details of Demand draft/IPO/Cash receipt

Bank Name _____ Draft/IPO No _____

Dated _____ Amount For _____

Roll No.

.....
(To be filled in by the office)

Please affix recent self-attested passport size photograph here

1. (i) Name (in block letters).....

(ii) Father's /Husband's Name.....

2. Date of birth.....Age.....

3. NationalitySex.....Male/Female.....

Married/Unmarried.....

4. Postal Address (Address for communications
 In block letters with PIN Code No.)

 Email Id Tel/Mobile No.

5. Permanent Address
 (In block letters with PIN Code No.)

 Email Id Tel/Mobile No.

6. Do you belong to Scheduled Caste/Schedule Tribe/OBC. If so, state the name of the Caste/Tribe and details of a Certificate(S).....

7. Educational Qualifications

Examination passed	Name of the University/Board	School/ college attended	Division with percentage of marks obtained	Year of passing	Subject offered
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8. Professional/Technical Qualification

Examination passed	Name of the University/Board	School/ college attended	Division with percentage of marks obtained	Year of passing	Subject offered
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9. Experience, if any

Employer's Name and Address	Designation	Scale of pay	Basic pay	Total emoluments	Length of experience from...to...	Nature of work
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- 10. (a) Post held, if any, at the time of sending the application with date of appointment (state whether permanent, or temporary)
 - (b) Name of Employing Authority

 - 11. Minimum basic pay in scale of the post applied for expected Rs.....

 - 12. Indicate the time you will require to join, if selected.....

 - 13. Number of literary, cultural or other activities (e.g. attainment in sports etc.) in which the applicant is interested and distinctions, if any, obtained in the same.

 - 14. Are you an Ex-serviceman/Disabled Defence Personnel/Dependent of Defence Personnel killed in action? If so, details of Certificate (e.g. No., Date and Issuing Authority).

 - 15. Are you a Physically Handicapped person? If so give details of Medical Certificate issued by Competent Authority and the category to which you belongs:

 - 16. Have you been debarred or punished for adopting unfair means in any examination by the Institution/Board or University? If so, please specify.....

 - 17. Are you related to any employee(s) of the NBRC (National Brain Research Centre) and/or DBT (Department of Biotechnology, Govt. of India) or Institutes under DBT? If so, give details.

 - 18. Have you been imprisoned by and Court of Law for any criminal or civil act? If so, give details.

 - 19. Please write 1-2 pages on your qualifications, experience and aptitude and how do you envisage it to be useful for the post you have applied for.

 - 20. Any other information
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21. DECLARATION:

I _____ hereby declare that the statement made in this application are true, complete and correct to the best of my knowledge and belief and in the event of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action initiated against me.

Place.....

Date.....

Signature of Applicant

Name of Applicant:

CERTIFICATE

(To be filled up by the Head of Organization/ Institution of the applicant is currently employed)

22. Certified that particulars furnished by Shri/ Smt./ Ms. _____ are correct and he/ she possesses educational qualification and experience mentioned in the advertisement.

Also certified that:

(i) There is no vigilance or disciplinary case pending or contemplated against Shri/ Smt./ Ms. _____.

(ii) His/ her integrity is certified.

(iii) Copies of ACRs/ APARs for last 05 years attested by employer are enclosed.

(iv) List of major & minor penalties imposed, if any, during last 10 years is enclosed.

Signature.....
(Head of the Institution/ Organization with seal)

Designation.....

Address.....

.....
.....
..... Pin

Code No.....

Telephone No.....

Place.....

Date