

PART-I

Candidate may kindly go through the advertisement carefully before filling up the application form (Part-I, Part-II and Part-III). Incomplete application will not be entertained. No column in the application should be left blank. Appropriate Information or N.A (Not Applicable) should be indicated.

FOR OFFICE USE ONLY

To be filled up in the candidate's own handwriting in blue ink only / typed and forwarded to the Controller of Administration, National Physical Laboratory, Dr. K.S. Krishnan Marg, New Delhi-110012. (Information should be factual and not descriptive).

Advertisement No.	Rectt./03/2022	
Post Code		Paste your recent passport
Name of the Post	Technician(1)	size photograph here. Put
Demand Draft No.		your signature across the
Amount of Demand Draft		photograph, partly on
Date of Issue		
Bank Name		photograph and partly on
Branch Name/City Name		the form.

1.	Name of Applicant (In Block Letters)				
2.	Father's/Husband's Name (Tick ✓ whichever is applicable)	-		3	
3.	Mother's Name				
4.	Date of Birth of Applicant	Day (DD)	Month (MM)	Year (YYYY)	
5.	Age as on 03.07.2022	Years	Month(s)	Day(s)	
6.	Gender (Tick ✓ whichever is applicable)	Male	Female	Transgender	

Signature of the candidate

				1000										
7.	a.	a. Correspondence Address				۰.								
	b.	Permaner	nt Address											Sec. 17.
8.	Mo	bile No./Ph	none no. with STD Code	e .		-								
9.	Em	ail address												1.000
10.	Nationality (Tick ✓ whichever is applicable)					IND	IAN				OTHE	RS		
										12				
11.	Sta	ite/Union T	erritory to which you b	pelong										
12.	Category (Tick ✓ whichever is applicable)				GEN		SC		ST				OBC	
	(Attach a self-attested copy in support of claim for SC/ST/OBC)													
13.	3. Whether belong to the Minority Community (Tick				(Tick 🖌	k √whichever is applicable)					YES			NO
	If	Yes, Tick 🗸	whichever is applicable	3	1	Muslin	n Sil	ch Christian		Jai	ain Pai		rsi Buddhist	
5														
14.	w	hether belo	ong to EWS Category				1			YES				NO
	(15	'Yes' attach	a self-attested copy in sup	oport of cl	aim for	EWS)	Brank - Constant							and a second
15.			ong to PwBD Category self-attested copy in supp	ort of clai	m for P	or PwBD)					YES			NO
16.		larital Statu ück 🗸 whicheve	IS er is applicable)	Marı	ried	Unm	narried	rried Widow			Divorced			Legally eparated
														lan aya daga tarihi sa san
17.			examinations passed a				C 1997 Control 1997	and a set of the	110.00.258.00.003	8 23-08 M	^h clas			NUMBER OF STREET
		kamination passed	Board/ University	Total marks	Mar secur		age of marks	Class/ Division	Year pass			Sub	oject	:(s)
	10) th /Matric												
		1. B. 1999												
	-								+					
									-					

	Name of Employer	Post h	T	Dura	tion	Eve	rionco	Gross	Responsibilities			
				From		То	Experience Year(s) Month(s)		salary	Responsibilities		
19.	Are You Currently	Employ	ed? (Tick	✓ whiche	ver is ap	oplicable)	Y	ES		NO		
	If Yes, Tick ✓ whichever is applicable		Central Govt. State		e Govt.	Govt. Autonomous Body			Others			
20.	Nature of Employn (In case of Permaner State Govt./Autonom be through proper ch	nt Emplo Ious bod	yment in	Central G	iovt./		PERMANEN	NT	TE	MPORARY		
21.	Is any of your bloo NPL/CSIR Hqrs. /La is applicable)	ing in hever	1 1040	YES		NO						
	If "YES", please ind	icate th	e follow	ing			7					
S.No.	NAME		DESIGNATION			LABORAT	LABORATORY / INSTITUTE			RELATIONSHIP		
i.						A MERCIN	2	12				
ii.	(h)											
iii.												
v.												

DECLARATION

I hereby declare that all the statements made in this application are true, correct and complete to the best of my knowledge & belief and nothing has been concealed/distorted. I am aware that, if at any time I am found to have concealed/distorted any material/factual information, my application/subsequent appointment (if selected) is liable to be rejected/terminated without any notice.

Date: ____

Place: _____

Candidate's Signature_____

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DOCUMENTS ENCLOSED WITH APPLICATION :

SI.No.	Particular of documents	SI.No.	Particular of documents
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

<u>To be filled only in case where applicant is employed in permanent position in Central/State/PSU/Autonomous bodies only</u>. (Candidate already employed should get the following endorsement signed by his/her present employer.)

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/OFFICE

This is	to	certify	that	Sh./Smt./Ms.						is	employe	d in	this	offi	ce on	the	post	OT
				v	v.e.f		·	lt	is	also	certified	that	as	per	officia	l reco	ords,	no
disciplin	ary/v	vigilance	case i	is pending/cont	templa	ated against I	him/ł	ner.	As	per hi	s/her ACR'	's/APA	Rs, h	is/he	r integ	rity is '	"BEYO	ND
				certified that, i														
order/le	etter.																	

File No : ______

Date : _____

Full Signature :	11. Sept.
Name :	
Designation :	- Harris
Name of Office :	Automatica and a second se
Address of Office :	12.

Seal/Stamp

Signature of the candidate

PART-I

Synopsis for Advt. Rectt./03/2022

FOR OFFICE USE ONLY Post Code Post Name Demand Draft No. Name of the Bank Date of Demand Draft Technician(1) Name of Applicant (In Block Letters) Father's / Husband's Name (Tick 🗸 whichever is applicable) Date of Birth of Applicant Age as on 03.07.2022 DD MM YYYY Gender (Tick ✓ whichever is applicable) Male Female Transgender GEN SC ST OBC **EWS PwBD** Category (Tick ✓ whichever is applicable) Particulars of examinations passed and degrees/technical qualifications obtained 10th class onwards : Exam. passed **Board/University** Total Marks %age of Class/ Year of Subject(s) marks secured marks Division passing 10th/Matric Details of professional experience/training if any after acquiring the minimum qualification of the post/training starting from the most recent one : Name of Employer Post held Duration Experience Gross Responsibilities From salary То Year(s) Month(s) Are You Currently Employed? (Tick ✓ whichever is applicable) YES NO If Yes, Tick ✓ whichever Central Govt. State Govt. Autonomous Body PSU Others is applicable Nature of Employment (Tick ✓ whichever is PERMANENT TEMPORARY applicable) Is any of your blood/close relative(s) working in NPL/CSIR Hqrs. /Labs./ YES NO Instts.? (Tick ✓ whichever is applicable) If "YES", please indicate the following S.No. NAME DESIGNATION LABORATORY / INSTITUTE RELATIONSHIP i. ii. iii. iv. Candidate's Signature

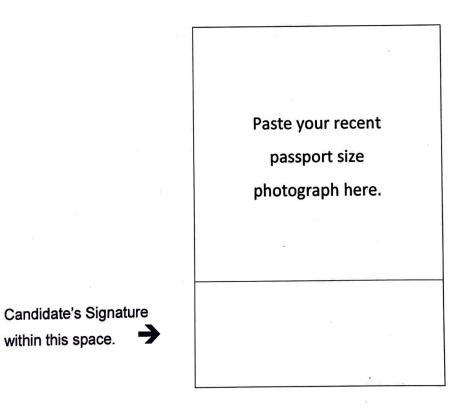
PART-III

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FOR OFFICE USE ONLY

Advertisement No. Rectt./03/2022

Post Code	
Name of Post	Technician(1)
Name of Applicant (In Block Letters)	
Father's / Husband's Name (Tick 🗸 whichever is applicable)	



within this space.

Note:- 1. Photo on Part- I & III should be identical.

2. Signature on Part- I, II & III should be identical.