Engagement of Retired Employees as Consultant

CSIR - National Physical Laboratory

Dr. K.S. Krishan Marg, New Delhi-110012

Dated: 15/09/2023

Recent passport size colour photograph

Advt. No. Rectt.02/2023

Sl. No.	Particulars	To be filled in by the applicant					
1	Post Code						
2	Full Name (In BLOCK LETTERS):						
3	Father's / Husband's Name:						
4	Date of Birth (DD/MM/YYYY):						
	Age as on 15.09.2023	Days	Month		Years		
5	Gender: ✓ Marks whichever is applicable		Male / Female / Others				
6	Address for communication with Pin code.						
7	Contact Details: Mob. No.						
8	E-mail:						
9	Basic pension as per PPO No. (enclose copy):						
10	Last Pay Drawn and Pay Level (Please enclose copy):						
Details	s of the Educational Qualification he	ld by the	Applicant.				
11	Educational Qualification		Year of passing	Marks	Percentage		
12	Date of Joining of CSIR/CAB/CG/PSU						

	Corrigo								
13	Service:	ST/OBC/Gen.):							
	Category (BC/)	51/ ODC/ GCII.j.							
14	Whether physical Category of PV	cally handicapped: VD:							
15		nent and the post from							
	which retired (enclose copy of retiremen	t						
	order):								
16	Name and adda which retired:	ress of Department from							
17	Brief particulars of experience of the last 10 years (assignment-wise). Other relevant experience								
	may also be provided. (Separate sheet may be annexed)								
		· •							
Name and Address		Designation of Post	Period of	PB/ GP/ Pay	Area of				
of employer / organization		held	service	Level/ Cell	Experience				
Declaration:									
I hereby solemnly declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the CSIR-NPL. I have read this circular and ready to accept all the terms and conditions for engagement of Consultants.									
	Name of Applicant								
	Signature of the Applicant								
Place:									

Date: