

Engagement of Retired Employees as Consultant**CSIR - National Physical Laboratory**

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

Application FormRecent passport
size colour
photograph

Advt. No. Rectt.02/2025

Dated: 17/07/2025

| 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 21/07/2025 | 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): | | | | | | |
| 11 | Educational Qualification held by the Applicant. | | | | | | |
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|---|---|--------------------------|-------------------|-------------------------|--------------------|
| 12 | Date of Joining of CSIR/CAB/CG/PSU Service: | | | | |
| 13 | Category (SC/ST/OBC/Gen.): | | | | |
| 14 | Whether physically handicapped: Category of PWD: | | | | |
| 15 | Date of retirement and the post from which retired (enclose copy of retirement order): | | | | |
| 16 | Name and address of Department from which retired: | | | | |
| 17 | Brief particulars of experience of the last 10 years (assignment-wise). Other relevant experience may also be provided.(Separate sheet may be annexed) | | | | |
| 18 | Aadhar Card No. (Please attached photo copy) | | | | |
| | Pan Card No. (Please attached photo copy) | | | | |
| Name and Address of employer / organization | | Designation of Post held | Period of service | PB/ GP/ Pay Level/ Cell | Area of Experience |
| | | | | | |
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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: