

Annexure - XI



JOINT RECRUITMENT OF
GUJARAT STATE BIOTECHNOLOGY MISSION (GSBTM) &
GUJARAT BIOTECHNOLOGY RESEARCH CENTRE (GBRC)
DEPT. OF SCIENCE & TECHNOLOGY, GOVT. OF GUJARAT, GANDHINAGAR



APPLICATION FORM

Application No. (For office use only) _____

Please tick (✓) in the box given below against each position(s) for which you wish to apply. You may choose to apply for one or more positions as per your eligibility.

Scientist B
(Group-I)

Manager
(Group-II)

Accountant-cum Admin
Officer (Group-II)

Technical Assistant
(Grade-III)

Dy. Manager
(Grade III)

Assistant (Group-III)

Accountant
(Group-III)

English Steno
(Grade-2)
(Group -III)

Typist cum Clerk
(Group-III)

(A) Personal Details (Write in BLOCK LETTERS only)

1. Surname: _____

2. First Name: _____

3. Father/Husband's Name: _____

4. Mother's Name: _____

5. Gender (Please tick in the box): Male Female

6. Date of Birth (DD/MM/YYYY):

7. Age as on the last date of Application: _____ Years _____ Months _____ Days

8. Nationality: _____

9. Category:

General SC ST SEBC

Physically Challenged Ex. Serviceman

Affix your
Passport size
photo & sign on
photo as per
instruction.

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9. Details of Cast certificate, if applicable:

9.1 Caste Certificate No: _____ Date:

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9.2 Name of the state from which certificate obtained: _____

9.3 Non-Creamy Layer Certificate No. _____

9.4 Non-Creamy Layer Certificate Date:

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9.5 Certificate issued by:

Mamlatdar

Taluka Development Officer

District Dy. Director

District Social Welfare Officer

Other, please specify _____

(B) Communication Details

1. Address for correspondence: _____

Taluka: _____ District: _____

State: _____ Pin code: _____

2. Mobile No (Ten digit): _____

3. E-mail ID: _____

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(C) Other Details

Provide information, if you are eligible for benefits under any of the following categories:

1. Sports quota:

Do you qualify for extra marks for sports? Yes No

(If yes) Name of sports: _____

Sport level: _____

Year of Participation (YYYY): _____

Name of the Certifying authority: _____

2. Physically challenged:

Blindness Deaf and Dumb Low Vision

Hearing Handicap Orthopaedics (OA, OL, BL, OAL)

OA=One Arm; OL=One Leg; BL=Both leg; OAL=One Arm & One Leg

Other, please specify _____

Percentage of PH: _____

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3. **Widow:** Yes No

If yes, Widow Certificate Number: _____

Widow Certificate Date:

Certificate issued by: Mamlatdar Taluka Development Officer

Other, please specify _____

4. **Ex-Serviceman (Army, Navy, Air Force):** Yes No, (If yes)

From date (DD/MM/YYYY): to date (DD/MM/YYYY):

Ex-Servicemen Identity Card No. _____

Ex-Servicemen card issued by _____

(Mention the designation of authority)

Are you currently working as Gujarat State Government Employee?

Yes No

Have you informed your office about the application? Yes No

If yes, Joining Date in Government Service (DD/MM/YYYY):

Name of Department/ Organization/ Office: _____

(D) Basic knowledge of Computer (As per Govt. rule): Yes No

(E) Do you possess the knowledge of:

Gujarati Yes No

Hindi Yes No

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(F) Educational Details*:

Examination /Degree	Certificate/ Degree awarding body	Year	Percentage or grade	Main Subjects
H.S.C				
Graduation				
Post-Graduation				
Ph.D.				
Other _____				
Other _____				
Other _____				
Other _____				

(G) Work experiences* (If any)

Name of the Organization & Address	Private/ Govt./ Semi-Govt./ Local bodies	Position	Period		Total Period	Total Gross Monthly Emoluments (in Rs.)
			From (DD/MM/YY)	To (DD/MM/YY)		

*A candidate can attach separate sheet, if space provided is not enough.

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(H) Application Fees Details (for GENERAL Category only):

Demand Draft (D.D.) should be in favour of **GUJARAT STATE BIOTECHNOLOGY MISSION**, payable at Gandhinagar. Attach your DD with the application.

Name of Bank	D. D. No.	D. D. Date	Amount (Rs.)
			INR 100/-

(I) Declaration:

- 1) I have read all the instructions, detailed advertisement and eligibility criteria for the recruitment and I hereby confirm that I possess all the eligibility and requirements for the post(s) which I have applied.
- 2) The information provided by me is correct and verified with the original, legal and valid documents.
- 3) I take responsibility for the veracity of the facts, figures and information provided in the information.

Place: _____

Date: _____

(Signature of the applicant)

(Name of the applicant)

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