

**INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE**  
**JADAVPUR, CALCUTTA - 700032.**

APPLICATION FORM FOR USE BY CANDIDATES FOR POSTS AT THE INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE TO BE SUBMITTED TO THE REGISTRAR SO AS TO REACH HIM NOT LATER THAN .....



I. Post applied for .....

II. Personal Data

1. Full Name (in Block Letters) .....

\* 2. Permanent Address .....

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\* 3. Temporary Address (if any) .....

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4. Age and date of birth .....

5. Nationality ..... 6. Place of birth .....

\*\* 7. Whether belonging to Schedule Caste/ Schedule Tribe : Yes/No .....

8. Father's Name, Occupation & Address .....

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III. Educational Qualifications.

Examination Passed and degrees obtained	Name of School or College and University	Date of entering & leaving	Year of passing	Divns and distinctions obtained with marks	Subjects of Study

IV. 1. Research or Technical experience (if any)

\* Any change of address, permanent or temporary, should be immediately communicated to the Registrar. Candidates are advised to arrange for redirection of the communications to their new address, if necessary. The Association will generally take note of such changes, but cannot accept any responsibility in the matter.

\*\* Certificate in the prescribed form duly signed by the competent authority is to be enclosed in support by candidates belonging to Schedule Castes/ Scheduled Tribes

2. List of Publications .....  
(if any) [if space is .....  
insufficient add .....  
annexures.] .....

V. Professional appointment held.

Name and Address of employer	Position	Period	Present Salary and grade	Length of notice required by Present employer
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VI. Experience of study, work and/or travel abroad (if any).

VII. Are you willing to accept the minimum initial pay? If not state the lowest initial pay acceptable to you  
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VIII. Names and addresses of persons not related to the applicant by blood or marriage to whom reference may be made concerning character and qualifications.

- 1.
- 2.
- 3.

IX. Copies of testimonials from:

- 1.
- 2.
- 3.

X. Brief statement of special activities and qualifications (if any)

Date .....

Signature .....