

**CSIR - CENTRAL BUILDING RESEARCH INSTITUTE  
ROORKEE - 247 667  
(website : www.cbri.res.in)**

Application Form

Affix recent  Passport size Photograph here duly signed
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01. Advertisement No. **CSIR – CBRI - 1/2022**
02. Name of post applied for :
03. Name of Applicant (In Block Letters): \_\_\_\_\_
04. Sex (Male / Female) : \_\_\_\_\_
- 05 (a) Father's / Husband Name : \_\_\_\_\_
- (b) Occupation : \_\_\_\_\_
06. Present/Postal Address with Pin Code : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ PIN \_\_\_\_\_
07. Permanent Address with Pin Code: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ PIN \_\_\_\_\_
08. Contact Details: STD Code: \_\_\_\_\_ Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_  
 Mobile: \_\_\_\_\_ e-mail : \_\_\_\_\_
09. (a) Date of birth: \_\_\_\_\_ (b) Place of birth: \_\_\_\_\_
10. Age as on .....: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 (date of Interview)
11. Nationality : \_\_\_\_\_
12. Category : (SC/ST/OBC/PH/GEN) : \_\_\_\_\_  
 (attach attested copy of certificate in case of SC/ST/OBC/PH)
13. Details of close relative(s) employed in CBRI/CSIR or its National Labs/Instts., if any:

Name of relative	Designation	Name of Lab.	Relationship

: 2 :

14. Details of Educational/Technical/Professional Qualifications (10<sup>th</sup> Standard onward):

Examination passed	Duration of course	Subjects/ Discipline	Year of passing	Division/ Class/Grade	Percentage of Marks*	College/Board/ University

**In case of CGPA/CPI, please give marks in percentage and conversion formula.**

15. Experience :

Name of employer	Designation & Pay-scale	Period of service	Nature of duties	Reason of leaving

16. Any other additional information: \_\_\_\_\_

(attach additional sheets, if necessary)

17. List of enclosures :

**Declaration:** I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/distorted. I am aware, if at any time, I am found to have concealed/distorted any material information, my appointment is liable to be summarily terminated without notice..

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Name of candidate: \_\_\_\_\_