

For Office Use Only: Reg. No. _____

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APPLICATION FORM

(Please read the details on required educational qualifications, discipline & experience requirements for the various vacancies before filling in the application form).

(FILL FORM IN ONLY CAPITAL LETTERS)

1. Application for the vacancy of: JUNIOR RESEARCH FELLOW RESEARCH ASSOCIATE (Tick anyone)

Discipline:

2. Candidate's Name - Dr. Mr. Mrs. Miss. (Please tick the appropriate)

3. Father's Name:

4. Mother's Name:

5. Date of Birth: Day Month Year

6. Aadhar No. (Mandatory):

7. Category: General OBC SC ST PH EWS OTHERS

8. Marital Status: Married Unmarried Widow

9. Nationality: _____

10. Permanent Address (Capital Letters):

City

State

Pin Code

11. Correspondence Address (Capital Letters):

City

State

Pin Code

12. Contact Details:

(a) E-Mail ID (Capital Letters):

(b) Primary Number Secondary Number

(c) Emergency Contact Number

13. Score Card:

(a) GATE: Year

(b) SLET: Year

(c) NET: Year

14. Details of examination passed starting from Matriculation onwards:

Sl. No.	Examination Passed	Course Name & Board/University/Institute	Year of Passing	Total Marks	Marks Obtained	Percentage / CGPA	Division / Awarded

15. Work Experience (add separate sheet if required):

Sl. No.	Organization	Designation	Duration		Area of Work
			From (DD/MM/YYYY)	To (DD/MM/YYYY)	

16. Total years of experience: _____

17. Please tick & attach self-attested photocopies of following documents with this application:

- Educational / Professional Certificates.
- 10th Certificate / Birth Certificate
- Caste Certificate (for age relaxation)
- Work Experience Certificates
- Aadhar Card
- Score Card (GATE /SLET / NET)
- Research publication (applicable only for RA)

18. Declaration: "I _____ Son / Daughter of Shri. / Smt. _____ hereby declare that all the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved, not true, my candidature / appointment is liable to be cancelled.

(.....)
Place

(.....)
Signature of Candidate with date

Note: Please send the filled up & ink-signed application form to the following address with superscripting on the envelope: "APPLICATION FORM FOR THE VACANCY OF _____" only through **SPEED POST** addressed to: "HEAD HRD, DR. APJ ABDUL KALAM MISSILE COMPLEX, RESEARCH CENTRE IMARAT (RCI), PO-VIGYANA KANCHA, HYDERABAD, TELANGANA – 500 069".