



सीएसआईआर-केंद्रीय विद्युतरसायन अनुसंधान संस्थान  
CSIR-CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE  
करैकुडी/KARAIKUDI – 630 003 (TN)

**APPLICATION FORM FOR THE POST OF SECURITY OFFICER**

(For Office Use)

Application No.	
Receipt Date:	

Affix recent  
signed  
passport size  
photograph

**To be filled in by the candidate in his/her own handwriting.  
All the columns should be properly filled in.  
Incomplete application form will be rejected summarily.**

<b>Advt. No.:</b> 01/2021	<b>Particulars of application fee:</b> <input checked="" type="checkbox"/> 500 /-						
<table border="1"><thead><tr><th colspan="2">POST APPLIED FOR</th></tr><tr><th>NAME OF THE POST</th><th>POST CODE</th></tr></thead><tbody><tr><td>Security Officer</td><td>SO1</td></tr></tbody></table>	POST APPLIED FOR		NAME OF THE POST	POST CODE	Security Officer	SO1	<b>Fee Paid</b> <input type="checkbox"/> / <b>Exempted</b> <input type="checkbox"/> (in case exempted please mention the category) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SC ST PH Women CSIR Employee
POST APPLIED FOR							
NAME OF THE POST	POST CODE						
Security Officer	SO1						
	<b>UTR /Transaction No. &amp; Date:</b> _____						
	<b>Name of the Bank &amp; Branch :</b> _____						
	(copy of bank challan payment receipt must be attached with the application form)						

1. Name in full (In BLOCK LETTERS) [as in SSC record]	
2. Father's Name	
3. Gender	
4. Marital Status [Unmarried/ Married/ Widow/ Divorcee /Judicially separated]	
5. Are you a citizen of India?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Name of State to which you belong																															
7. Date and Place of Birth [as in SSC record]	(a) Date <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table> (b) Place <input type="text"/>				DD	MM	YYYY																								
DD	MM	YYYY																													
8. Age (As on <b>05.04.2021</b> )	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> </table>				YEARS	MONTHS	DAYS																								
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9. Address: (in BLOCK LETTERS)																															
(a) Permanent Address:      Pincode: Mobile: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Land line: Email id:																(b) Correspondence Address: same as Permanent Address: <input type="checkbox"/>      Pincode: Mobile: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Land line: Email id:															

10. State whether you are a member of Scheduled Caste / Scheduled Tribe / Other Backward Class / EWS. If so, attach an attested copy of the certificate in support of your claim	<b>(Tick the appropriate Category)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SC ST OBC EWS General <table border="1"> <tr> <td>A. Religion</td> <td></td> </tr> <tr> <td>B. Community</td> <td></td> </tr> </table>	A. Religion		B. Community	
A. Religion					
B. Community					
11. Are you related to any employees of the CSIR? If so, Give details.					

12. Height (Tick the appropriate Category) General <input type="checkbox"/> Hilly Area <input type="checkbox"/> ST Category <input type="checkbox"/>	Male <input type="text"/> Female <input type="text"/>
13. Chest size (only for Male) (Tick the appropriate Category) General <input type="checkbox"/> Hilly Area <input type="checkbox"/> ST Category <input type="checkbox"/>	Exhaled <input type="text"/> Expanded (Inhaled) <input type="text"/>

14. Education / Technical Qualification (from SSLC/10 <sup>th</sup> onwards): (Attach separate sheet if required)					
Exam passed	Board/University	Subject(s)	Division / Grade and % age of marks	Year of passing	Duration of the Degree /Diploma

15. Details of employment (in chronological order): (Attach separate sheet if required)						
Organization	Post held	Scale of Pay & last pay drawn	Exact dates to be given		Total period (YY-MM)	Nature of duties
			From	To		

[Attach a copy of discharge book]

<p>16. Whether you have furnished the details of all the Educational/Technical qualifications.</p> <p>[In case of suppression of any details or providing false information, the application is liable to be rejected at any stage besides any other action]</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p>
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<p>17. Language preferred to take written exam</p>	<p>English <input type="checkbox"/> / Hindi <input type="checkbox"/></p>
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**List of enclosures:**

- Proof for remittance of application fee through net banking (e-receipt / transaction reference), if applicable.
- A recent passport sized colour photograph of the candidate pasted on the form and signed across in full.
- Self Attested photocopy of certificate proving Date of Birth.
- Self Attested photocopies of educational qualification (Certificates & Marks Sheets).
- Self Attested photocopy of latest Community Certificate in the prescribed Govt. of India form issued by the Competent Authority, if applicable.
- Self Attested photocopies of experience certificates along with discharge book.
- Certificate related to Physically Handicap (if applicable) in the prescribed format.

**DECLARATION**

I \_\_\_\_\_ hereby declare that all the particulars furnished in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false and/or wilful suppression of facts at any stage, my candidature is liable to be rejected besides any action that may be taken against me.

Place:	
Date:	
	Candidate's Signature
	Full Name

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Candidate currently employed should get the following endorsement signed by the present employer.

**Endorsement by the Head of the Department/Office**

No	Full Signature
	Name
	Date
	Designation
	Stamp