

The National Academy of Sciences, India

5, Lajpatrai Road, Prayagraj – 211 002

APPLICATION FORM FOR THE POST OF ACCOUNTS OFFICER

(For office use only)						<div style="border: 1px solid black; padding: 5px; width: 100%;"> <i>Paste your recent passport-size photograph here and sign across the photo so that part of your signature should be on the form.</i> </div>	
Eligible:(Yes / No) If not Eligible, reason thereof:							
(Signatures of Screening Committee Members)							
1	Name (In Capital Letters)	First Name			Middle Name	Surname	
2	Date of birth	Day	Month	Year	Age as on the last date of advertisement	Years	Months
3	Place of birth	<i>City/Village</i>			<i>State</i>	<i>Country</i>	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence				Permanent	
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:	
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					

9	Category	Unreserved _____
10	Marital status	Married/Unmarried/Divorced: _____ If married, name of spouse _____

11. Educational Qualifications (Attach additional pages, if required)

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class/ equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Year		Subject studied	Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	Pay level as per 7 th CPC and Basic pay drawn		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

13. Nature of Experience		
	Duration and Details of duties performed	Sl. No. of proof of enclosure
a) Cash and Accounts		
b) Administrative		
c) Other experience, if any		
Total Experience		

* (Add a separate sheet if required, to be annexed at relevant S.No.)

14. Details of the training programme attended			
Name of the Programme	Year	Duration of the training	Organizing Institution

15. Have you ever been punished during your studies at College/University? (Yes/No) :
16. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
17. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
18. Do you have any case of vigilance/enquiry pending against you in the present/earlier employment? (Yes/No) :
19. Do you have any case pending against you in any court of law? (Yes/No) :
20. **Any other information/qualification relevant to the post applied for:**

21. Declaration

I, _____ son/daughter of _____ hereby declare that all the statements and entries made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected at any stage or not satisfying the eligibility criteria according to the advertisement, my candidature/appointment may be cancelled by the Academy.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

**Application not signed by the candidate is liable to be rejected*

22. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post of Accounts Officer has been duly verified from the records and is found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her. (Yes/No)
If Yes, please give details.....
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the last ten years on him / her – (Yes / No)
If yes, please give details.....
4. Certified that the work and conduct (overall assessment) of Dr./Sh/Smt./Km..... is above/or good (as graded in ACR/APAR)during the last five years.

Year →					
Grading/Rating by Reporting Officer →					
Grading/Rating by Reviewing Officer →					

Signature:

Name:

Designation with office seal

Office Seal

Date:

In service candidate should get the above endorsement signed by his/her present forwarding authority.

Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Proof for Date of Birth		
2.	Matric/Secondary/High School (10 th Class) Marks Sheet		
3.	Matric/Secondary/High School (10 th Class) Certificate		
4.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
5.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
6.	Bachelor's qualification Final Year Marks Sheet		
7.	Bachelors' Degree		
8.	Master's qualification Final Year Marks Sheet		
9.	Master's Degree		
10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
12.	Experience Certificate(s) from previous employer(s)		
13.	Endorsement from the present employer		
14.	Any other		

Total number of sheets enclosed_____ (please give sequential number to each sheet and signature with date).

The National Academy of Sciences, India

5, Lajpatrai Road, Prayagraj – 211 002

APPLICATION FORM FOR THE POST OF COMPUTER PROGRAMMER

(For office use only)							<div style="border: 1px solid black; padding: 5px; width: 100%;"> <i>Paste your recent passport-size photograph here and sign across the photo so that part of your signature should be on the form.</i> </div>	
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(Signatures of Screening Committee Members)								
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2	Date of birth	Day	Month	Year	Age as on the last date of advertisement	Years	Months	
3	Place of birth	City/Village			State	Country		
4	Mother's Name							
5	Father's Name							
6	Address	Correspondence			Permanent			
		City: District: State: Pin Code: Mobile: Email:			City: District: State: Pin Code: Mobile: Email:			
7	Nationality							
8	Sex	Male/ Female/Transgender: _____						

9	Category	Unreserved _____
10	Marital status	Married/Unmarried/Divorced: _____ If married, name of spouse _____

11. Educational Qualifications (Attach additional pages, if required)

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class/ equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Year		Subject Studied	Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	Pay level as per 7 th CPC and Basic pay drawn		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

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14. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
15. Were you at any time declared medically unfit or asked to submit your resignation, or discharged or dismissed? (Yes/No) :
16. Do you have any cases of vigilance/enquiry pending against you in the present/earlier employment? (Yes/No) :
17. Do you have any case pending against you in any court of law? (Yes/No) :

14. Any other information/qualification relevant to the post applied for:

19. Declaration

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I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

**Application not signed by the candidate is liable to be rejected*

20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post of Computer Programmer have been duly verified from the records and are found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her. (Yes/No)
If Yes, please give details.....
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965, have been imposed during the last ten years on him / her – (Yes / No)
If yes, please give details.....
4. Certified that the work and conduct (overall assessment) of Sh/Smt./Km is above /or good (as graded in ACR/APAR) during the last five years.

Year →					
Grading/Rating by Reporting Officer →					
Grading/Rating by Reviewing Officer →					

Signature:

Name:

Designation with office seal

Date:

Office Seal

In service candidate should get the above endorsement signed by his/her present forwarding authority.

Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Proof for Date of Birth		
2.	Matric/Secondary/High School (10 th Class) Marks Sheet		
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5.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
6.	Bachelor's Qualification Final Year Marks Sheet		
7.	Bachelors' Degree		
8.	Master's Qualification Final Year Marks Sheet		
9.	Master's Degree		
10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
12.	Experience Certificate(s) from previous employer(s)		
13.	Endorsement from the present employer		
14.	Any other		

Total number of sheets enclosed_____ (please give the sequential number to each sheet and signature with date).

The National Academy of Sciences, India

5, Lajpatrai Road, Prayagraj – 211 002

APPLICATION FORM FOR THE POST OF COMPUTER OPERATOR (ON DEPUTATION)

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Eligible:(Yes / No) If not Eligible, reason thereof:							
(Signatures of Screening Committee Members)							
1	Name (In Capital Letters)	First Name			Middle Name	Surname	
2	Date of birth	Day	Month	Year	Age as on the last date of advertisement	Years	Months
3	Place of birth	City/Village			State	Country	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence				Permanent	
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:	
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					

9	Category	Unreserved _____
10	Marital status	Married/Unmarried/Divorced: _____ If married, name of spouse _____

11. Educational Qualifications (Attach additional pages, if required)

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class/ equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Year		Subject Studied	Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	Pay level as per 7 th CPC and Basic pay drawn		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

13. Have you ever been punished during your studies at College/University? (Yes/No) :
14. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
15. Were you at any time declared medically unfit or asked to submit your resignation, or discharged or dismissed? (Yes/No) :
16. Do you have any cases of vigilance/enquiry pending against you in the present/earlier employment? (Yes/No) :
17. Do you have any case pending against you in any court of law? (Yes/No) :

14. Any other information/qualification relevant to the post applied for:

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Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

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20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post of Computer Programmer have been duly verified from the records and are found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her. (Yes/No)
If Yes, please give details.....
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965, have been imposed during the last ten years on him / her – (Yes / No)
If yes, please give details.....
4. Certified that the work and conduct (overall assessment) of Sh/Smt./Km is above /or good (as graded in ACR/APAR) during the last five years. (Copy of the same be attached)

Signature:

Name:

Designation with office seal

Office Seal

Date:

In service candidate should get the above endorsement signed by his/her present forwarding authority.

Please tick the enclosures attached:

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7.	Bachelors' Degree		
8.	Master's Qualification Final Year Marks Sheet		
9.	Master's Degree		
10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
12.	Experience Certificate(s) from previous employer(s)		
13.	Endorsement from the present employer		
14.	Any other		

Total number of sheets enclosed_____ (please give the sequential number to each sheet and signature with date).

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5, Lajpatrai Road, Prayagraj – 211 002

APPLICATION FORM FOR THE POST OF STENO-TYPIST

(For office use only)						<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <i>Paste your recent passport-size photograph here and sign across the photo so that part of your signature should be on the form.</i> </div>	
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3	Place of birth	City/Village			State	Country	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence			Permanent		
		City: District: State: Pin Code: Mobile: Email:			City: District: State: Pin Code: Mobile: Email:		
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					

9	Category	Unreserved _____
10	Marital status	Married/Unmarried/Divorced: _____ If married, name of spouse _____

11. Educational Qualifications (Attach additional pages, if required)

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class/ equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Year		Subject Studied	Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)

Designation	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
		From	To	Pay level as per 7 th CPC and Basic pay drawn		
(a)	(b)	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

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15. Were you at any time declared medically unfit or asked to submit your resignation, or discharged or dismissed? (Yes/No) :
16. Do you have any cases of vigilance/enquiry pending against you in the present/earlier employment? (Yes/No) :
17. Do you have any case pending against you in any court of law? (Yes/No) :

14. Any other information/qualification relevant to the post applied for:

19. Declaration

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Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

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20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

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Year →					
Grading/Rating by Reporting Officer →					
Grading/Rating by Reviewing Officer →					

Signature:

Name:

Designation with office seal

Office Seal

Date:

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10.	Any other Qualification		
11.	Caste Certificate issued by the Competent Authority		
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5, Lajpatrai Road, Prayagraj – 211 002

APPLICATION FORM FOR THE POST OF OFFICE ASSISTANT (UDC)

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Eligible:(Yes / No) If not Eligible, reason thereof:							
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3	Place of birth	City/Village			State	Country	
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence				Permanent	
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:	
7	Nationality						
8	Sex	Male/ Female/Transgender: _____					

9	Category	Unreserved _____
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11. Educational Qualifications (Attach additional pages, if required)

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10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
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14. Any other information/qualification relevant to the post applied for:

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Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

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Certificate of Verification by the Employer

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Year →					
Grading/Rating by Reporting Officer →					
Grading/Rating by Reviewing Officer →					

Signature:

Name:

Designation with office seal

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Office Seal

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APPLICATION FORM FOR THE POST OF MULTI-TASKING STAFF (MTS)

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3	Place of birth	City/Village			State	Country		
4	Mother's Name							
5	Father's Name							
6	Address	Correspondence			Permanent			
		City: District: State: Pin Code: Mobile: Email:			City: District: State: Pin Code: Mobile: Email:			
7	Nationality							
8	Sex	Male/ Female/Transgender: _____						

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11. Educational Qualifications (Attach additional pages, if required)

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10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Year		Subject Studied	Sl. No. of Proof of enclosure

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14. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
15. Were you at any time declared medically unfit or asked to submit your resignation, or discharged or dismissed? (Yes/No) :
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17. Do you have any case pending against you in any court of law? (Yes/No) :

14. Any other information/qualification relevant to the post applied for:

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Signature of the Applicant

*Name as signed (in BLOCK LETTERS)

Date: _____

**Application not signed by the candidate is liable to be rejected*

20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post of Computer Programmer have been duly verified from the records and are found correct.
2. There is no vigilance/disciplinary/criminal case pending against him/her. (Yes/No)
If Yes, please give details.....
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965, have been imposed during the last ten years on him / her – (Yes / No)
If yes, please give details.....
4. Certified that the work and conduct (overall assessment) of Sh/Smt./Km is above /or good during the last five years.

Signature:

Name:

Designation with office seal

Office Seal

Date:

In service candidate should get the above endorsement signed by his/her present forwarding authority.

Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Proof for Date of Birth		
2.	Matric/Secondary/High School (10 th Class) Marks Sheet		
3.	Matric/Secondary/High School (10 th Class) Certificate		
4.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
5.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
6.	Bachelor's Qualification Final Year Marks Sheet		
7.	Bachelors' Degree		
8.	Any other Qualification		
9.	Caste Certificate issued by the Competent Authority		
10.	Experience Certificate(s) from previous employer(s)		
11.	Endorsement from the present employer		
12.	Any other		

Total number of sheets enclosed_____ (please give the sequential number to each sheet and signature with date).