

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

Advertisement No.: _____ **Post Code:** _____

Affix one recent
self-attested
colour passport-
size photograph
in the space
provided

1. Name of Candidate (BLOCK LETTERS): _____

2. Father's/Mother's/Guardian's Name: _____

3. Date of Birth (DD/MM/YYYY): ____/____/____

4. Age (as on closing date): Years ____ Months ____ Days ____

5. Gender: Male / Female / Transgender

6. Religion: _____

7. Category: UR / EWS / OBC(NCL) / SC / ST

8. PwBD: Yes / No **Category:** _____

9. Ex-Serviceman: Yes / No

10. Correspondence Address:

_____ **PIN:**

Valid Mobile No: _____

Valid Email ID: _____

11. Permanent Address:

_____ **PIN:**

12. Educational Qualifications:

Examination	Board/University	Year of Passing	%/CGPA	Subject

13. Technical Qualification/Skill Training: _____

14. Experience:

Organisation	Designation	Period	Nature of Duties

15. Identification Marks:

1. _____

2. _____

16. Application Fee Details (if applicable)

Amount (₹): _____ Demand Draft No.: _____ Date: ____/____/____

Issuing Bank: _____ Branch: _____

Drawn in favour of: _____

Declaration

I hereby declare that the information furnished by me in this application is true, complete and correct to the best of my knowledge and belief. I understand that if any information furnished is found to be false or if I fail to satisfy the prescribed eligibility conditions, my candidature/appointment is liable to be cancelled at any stage.

Signature of Candidate

Place: _____ Date: ____/____/____

Enclosures :

FOR OFFICE USE ONLY

Application Serial No.: _____

Date of Receipt of Application: _____

Demand Draft Details (where applicable):

DD No.: _____ Date: _____

Amount: ₹ _____

Bank: _____

☐ Demand Draft detached and taken into custody by me.

Name & Signature of Receiving Official: _____

Date: _____

Eligibility Status

☐ Eligible

☐ Provisionally Eligible

☐ Not Eligible

Reason (if Not Eligible): _____

Documents Verified by: _____

Signature of Scrutinising Officer: _____

Date: _____

Instructions to Candidates

1. Candidates shall submit their application only in the prescribed format, neatly typed on A4-size paper. Handwritten applications will not be accepted.
2. A recent self-attested passport-size colour photograph shall be affixed in the space provided in the application form.
3. Self-attested copies of all relevant certificates/documents in support of age, educational qualification, category, PwBD/Ex-Serviceman status, experience (if any), etc., shall be enclosed with the application.
4. The prescribed application fee of **₹500/- (Rupees Five Hundred only)** shall be remitted **only through Demand Draft (DD)** drawn in favour of the **Director, CSIR–National Aerospace Laboratories**, payable at **Bengaluru**. No other mode of payment will be accepted.
5. Candidates are advised to write their full name and father's name on the back of the DD before enclosing it with the application.
6. Incomplete applications, applications not accompanied by the prescribed application fee (where applicable), or applications without the requisite certificates/documents are liable to be rejected.
7. The completed application, along with all enclosures, shall be sent **only through Speed Post / Courier** to the address specified in the advertisement. Applications received through any other mode shall not be entertained.

Annexure-IV

FORM OF DECLARATION TO BE SUBMITTED BY THE 'OTHER BACKWARD CLASS' CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

I _____ Son/daughter of Shri _____
resident of village/town/city_____ district_____
state_____ hereby declare that I belong to the _____ community
which is recognized as a backward class by the Government of India for the purpose of reservation in
services as per orders contained in Department of Personnel and Training Office Memorandum No.
36102/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections
(Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum
dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No.
36033/3/2004- Estt.(Res.) dated 14th October, 2008 and as amended time to time. I also declare that
the condition of status/annual income for creamy layer of my Parents/guardian is within prescribed limits
as on last date of application.

Signature _____
Name _____
Address _____

Place: _____
Date: _____

Letter of Undertaking for Using Own Scribe

I, a candidate with (name of the disability) appearing for the (name of the examination) bearing Roll No. at (name of the centre) in the District, (name of the State/UT). My qualification is

I do hereby state that (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is.....In case, subsequently it is found that his / her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

Annexure – IX

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/ District/ State) and to state that he / she has physical limitations which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical
Superintendent of a Government health care
Institution

Name & Designation

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)