## RAJA RAMANNA CENTRE FOR ADVANCED TECHNOLOGY, INDORE

For	office use only	APPLICATION FORM	
App	ication No		
			Affix Passport size
	<u>Pu</u>	t "X" in the appropriate box	Photograph duly signed by candidates
1.	Advertisement No. :	RRCAT - 2/2011	
2.	Post Code :		
3.	Name of the Post :		
4.	Name : (In block Letters)		
5.		Address	
A	ddress for correspondence with	pin code Permanent Address	with pin code
Pin C	Code:	Pin Code :	
	ie No.:		
	ail ID :		
6.	Date of Birth ( As per : SSC Certificate)		
7.	Nationality :		
8.	Marital status :	Married Unmarried	
9.	Religion		
10.	Whether belongs to Minority Community [Muslim/Christian/Sikh/any other (Please specify)]		
11.	Whether belongs : to	SC ST OBC GN	
	Please specify Sub Caste		

- 12. Whether applying against Physically Handicapped (Say, Yes or No)
- i) If Yes, indicate type of disability
- ii) Nature of disability, indicate Category
- iii) Mention the percentage of disability (as certified by the Competent Medical Authority in the PH certificate)
- 13. Were you domiciled in Kashmir Division of the State of Jammu & Kashmir during the period from 01.01.1980 to 31.12.1989 ? If yes, please attach the relevant documents
- 14. Are you a family member of those who died in 1984 riots? If yes, please attach the relevant documents
- 15. Are you a Central Govt. Civilian employee. If yes, please attach necessary certificates

- -3-Yes No
- OH HH

|--|

Yes	No	
-----	----	--

Yes	No	

		Yes		No	
--	--	-----	--	----	--

No

Yes

- 16. Are you Ex- Serviceman? If yes, please attach discharge certificate
- 17. Educational and professional qualifications : (Beginning with SSC onwards)

Examination	University/Board/ Institution	Year of	Discipline	D	etails of Ma	rks
	Institution	passing/ appearing		Max. Marks	Marks obtained	Percent age of Marks

18. Indicate the course of study, if any, the applicant is continuing presently.

Course of study	University/ Board/ Institution	Full time/ Part time	Duration of the course	No. of semester/ subjects completed	Marks obtained

19. Experience, if any (particulars of all previous and present employment are to be furnished)

Name & address of	Post held	Whether Central or a State Govt./PSUs/	Per	riod	Permanent	Reasons
employer		Autonomous bodies	From	То	or Temporary	for leaving
Total experience			Year		Month	

20.	Have you applied for any other post against this
	advertisement, if so, for which post.

Post Code	Post

21. Details of relatives employed in DAE or its constituent units.								
S.No	Name	Relationship	Unit	Post				

22.	Are you in receipt of any scholarship from the Department of Atomic Energy? furnish particulars.	lf so,	please

23.	Are you under any contractual obligation to serve the Central/State government/any other Public	С
	Undertaking/Autonomous Bodies? If so, please furnish full details.	

24.	Name and address of not less than two persons to whom a reference can be made, if required										
1.		2.									

25.	Whether	the	app	licant	has	eve	r se	erved	in	Central	or	state	Gove	ernmen	t or	any	other
	organisati Fund?	ion	and i	s in	receipt	of	any	pens	ion,	gratuity	or	employ	yer's s	share 1	to th	e Pro	vident
	i unu :																

## Declaration

I hereby declare that the above information are factually correct to the best of my knowledge. I also understand that I will be disqualified if any of the information furnished by me is found to be incorrect.

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

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

Signature of the candidate

Name\_\_\_\_\_

## CHECK LIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

## (Put X in the Boxes applicable)

1. 2.	Copy of application completed and attached. Photograph affixed on the applications	
3.	Application signed	
4.	An attested copy of each of the following certificates is attached	
	a. Proof of Date of birth	
	b. Caste certificate	
	<ul> <li>c. Physical Disability certificate (if applicable)</li> </ul>	
	d. Educational & professional qualifications	
	(Mark list/Board/Degree Certificate from SSC onwards)	
	e. Experience Certificate	
	f. Discharge certificate from Defence Service (if applicable)	
	<ul> <li>g. Domicile certificate if domiciled in Kashmir Division of the State of Jammu &amp; Kashmir, if applicable</li> </ul>	
	h. Relevant document if a family member of those who died in 1984 riots, if applicable	
	i. Check list attached	

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

Signature:

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

Name : \_\_\_\_\_