

RAJA RAMANNA CENTRE FOR ADVANCED TECHNOLOGY, INDORE

For office use only Application No _____

APPLICATION FORM

Affix Passport size Photograph duly signed by candidates
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Put "X" in the appropriate box

1. Advertisement No. :

RRCAT - 3/2012

2. Post Code for the post applied :

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3. Application for Stipendiary Trainee (Category I/II) :

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4. Name (In block Letters) :

5. Address

Address for correspondence with pin code	Permanent Address with pin code
Pin Code:	Pin Code :
Phone No.:	
Mobile No.	
E-mail ID :	

6. Date of Birth (As per SSC Certificate) :

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D D M M Y Y Y Y

7. Nationality :

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8. Marital status :

Married	Unmarried

9. Religion :

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10. Whether belongs to Minority Community [Muslim/Christian/Sikh/any other (Please specify)] :

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11. Whether belongs To :

SC		ST		OBC		GN	
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Please specify Sub Caste

12. 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

Yes		No	
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13. Are you a family member of those who died in 1984 riots? If yes, please attach the relevant documents

Yes		No	
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14. Are you a Central Govt. Civilian employee. If yes, please attach necessary certificates

Yes		No	
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15. Whether applying against Physically Handicapped (Say, Yes or No)

Yes		No	
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If yes, mention the percentage of disability (as certified by the Competent Medical Authority in the PH certificate)

16. Educational and professional qualifications: (Beginning with SSC onwards)

Examination	University/Board/ Institution	Year of passing/ appearing	Specialization/ Subjects	Details of Marks		
				Max. Marks	Marks obtained	Percentage of Marks
10 th /SSC						
12 th /HSC						
ITI/NCVT						
B.Sc./ Diploma						

17. 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

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

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

19. Have you applied for any other post against this advertisement, if so, please indicate

Post Code	Discipline/Trade

20. Details of relatives employed in DAE or its constituent units.

S.No	Name	Relationship	Unit	Post

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

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

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

1.	2.
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24. Whether the applicant has ever served in Central or State Government or any other organization and is in receipt of any pension, gratuity or employer's share to the Provident Fund?

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25. Any other information you may wish to add

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 : _____

Signature of the candidate

Date : _____

Name _____

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

(Put X in the Boxes applicable)

- | | |
|--|--------------------------|
| 1. Copy of application completed and attached. | <input type="checkbox"/> |
| 2. Photograph affixed on the application | <input type="checkbox"/> |
| 3. Application signed | <input type="checkbox"/> |
| 4. An attested copy of each of the following certificates is attached | |
| a. Proof of Date of birth | <input type="checkbox"/> |
| b. Caste certificate | <input type="checkbox"/> |
| c. Educational & professional qualifications
(Mark list/Board/Degree Certificate from SSC onwards) | <input type="checkbox"/> |
| d. Experience Certificate | <input type="checkbox"/> |
| e. Domicile certificate if domiciled in Kashmir Division of the State
of Jammu & Kashmir, if applicable | <input type="checkbox"/> |
| f. Relevant document if a family member of those who died in
1984 riots, if applicable | <input type="checkbox"/> |
| g. Check list attached | <input type="checkbox"/> |

Place : _____

Signature:

Date : _____

Name : _____