



MACS' AGHARKAR RESEARCH INSTITUTE, PUNE-411004
 (An Autonomous Grant-in-Aid Institute under
 the Department of Science and Technology, Govt. of India)
 G. G. Agarkar Road, Pune 411004, M.S., India
 Website: ww.aripune.org, Telefax: 020-25651542
 E-mail: administration@aripune.org



PRESCRIBED APPLICATION PROFORMA

(PLEASE FILL IN CAPITAL LETTERS)

To be filled in by the candidate	
Advt.No. _____	Particulars of application fee (Rs.) _____
Post applied for _____	D.D.No. _____ Date _____ <small>(In favour of Agharkar Research Institute, payable at Pune)</small>
Post Code _____ _____	Name of the Issuing bank & Branch _____ _____

Affix your recent coloured passport size photograph

- Name in full (IN BLOCK LETTERS)
(In the case of female candidate, the appropriate prefix 'Miss' or 'Mrs' should be used)
- Father's NameMother's Name.....

Husband's Name.....
- Date of Birth (DD/MM/YYYY).....Place of Birth.....

Age as on last date for receipt of application mentioned in the advertisement
.....yy.....mm
- Address for correspondence.....
.....
.....
.....Pin Code.....

Phone No:(with STD code).....Mobile No.....

E-mail ID.....

Permanent Address
.....
.....
.....
.....PIN CODE.....

5. Are you a citizen of India by birth or by domicile?.....

6. Name of State to which you belong:

7a. State whether you are a member of Scheduled Caste (SC) / Scheduled Tribe (ST) / Other Backward Class (OBC-Non creamy layer) General (GEN) SC
ST
OBC
GEN

(In case of SC / ST / OBC-Non creamy layer), please attach attested copy of caste certificate issued by competent authority [Tick the appropriate Category]

7b. Are you Physically Handicapped ? (PH), If yes please tick (If yes, please attach attested copy of medical certificate issued by Civil Surgeon or competent authority) PH

8. In case of Minority Communities as notified by the Government Namely - Muslims, Christians, Sikhs, Buddhist or Zoroastrians (Parsis), Please specify the community.

9. Are you related to any employee(s) of the MACS-ARI / DST? If so, give details:

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10. DETAILS OF EDUCATIONAL AND OTHER QUALIFICATIONS :

Exam.	Year of Passing	Division/Grade & percentage of marks	Duration of the Degree, etc.	Board / University
SSC				
HSC				
GRADUATION WITH FACULTY & SUBJECT				
POST GRADUATION WITH SPECIALIZATION / SUBJECT				
Ph.D. WITH SUBJECT*				
OTHER QUALIFICATIONS				

* Title of the Ph. D. Thesis _____

11. Details of employment (in chronological order):-

Organization	Post Held	Scale of pay and last pay drawn	Exact dates to be given		Total period (in years)	Nature of duties
			From	To		

12. Any additional qualification such as membership of professional societies; awards and honours etc

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13. List of papers published along with impact factor, citations and h-index - (applicable to scientific posts only) - Attach reprints of three best publications separately

14. Patents granted / applied for – give details (applicable to scientific posts only)

15. Funded research projects operated – give details (applicable to scientific posts only)

16. Name and address of 3 references with contact no. / e-mail

1.

2.

3.

16. Pl. give in about 1000 words the plan of work you intend to undertake at MACS-ARI (applicable to scientific posts only) – Attach separately

17. Are you willing to accept the post at the base level pay of the scale? If not, state what is the lowest initial pay that would you accept in the prescribed pay-band:

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18. Time period required for joining

19. Additional information (if any) which you would like to mention in support of your suitability for the post. (This among other things may provide information with regard to (i) additional academic qualification (ii) professional training and (iii) work experience over and above prescribed in the Vacancy Circular / Advertisement)

20. List of enclosures

DECLARATION BY THE CANDIDATE

I, _____, hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled.

Place: _____ Candidate's signature_____

Date: _____ Full name_____

Endorsement by the Head of the Department or Office

Candidate already employed (in Govt. / Semi Govt. Organizations, Autonomous Bodies, Public Sector Undertakings, etc.) should get the following endorsement signed by his/her present employer.

No. _____ Date.....

Forwarded application of Dr./Shri/Ms _____
(Name & Designation). It is certified that :

1. The information furnished by Dr./Shri/Ms.....has been verified from official records and found correct.
2. It is also certified that no disciplinary/departmental enquiry is either pending or contemplated against and that he/she is not undergoing any penalty.
3. His/her integrity is certified.
4. If he/she is selected, he/she would be relieved by us with / without a notice of _____ months / days as per rules.

Full Signature.....

Designation.....

Stamp.....

NOTE : Please send application (hard copy) form duly filled in along with attested copies of Certificates & Mark lists, photograph and application fee, so as to reach before the last date prescribed in advertisement. SC/ST & physically handicapped candidates applying with copy of certificate issued by competent authority are exempted for payment of application fees. Institute reserves the right to reject incomplete applications in any respect or applications received after the prescribed last date, and no correspondence will be entertained in this respect. Canvassing in any form and/or bringing in influence in any form will be treated as a disqualification for the post.