

Application Form

Advt. No.:..... Dated:.....

Passport size recent
Photograph duly signed
by the applicant

1. Name of the Position Applied for:

.....

2. Candidate's Name:

.....

3. Date of Birth:

4. Gender:

5. Mobile No.:

6. Email:

7. Permanent Address:

.....

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8. Educational Qualifications (Please tick your highest)

Graduate (Professional)

Masters

M Phil

PhD

Post--doc

9. Mandatory Enclosures: (Tick the enclosed files)

a. Resume/CV

b. Research Proposal

c. Copy of Highest Degree

DECLARATION

I..... hereby solemnly declare on oath that entries made by me in the above columns are true to the best of my knowledge and belief and if at any time any entry is found incorrect, suitable disciplinary action may be taken against me.

.....

Signature of Candidate

.....

Note: You can email the pdf file of the application form along with resume/CV, research proposal, and copy of highest degree. Email: info@crps-bla.org, You can contact us @ Mobile: 6006214927, 7006065808.