



सीएसआईआर-केंद्रीय विद्युतरसायन अनुसंधान संस्थान
CSIR - CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE
(Council of Scientific & Industrial Research)
Karaikudi – 630 003

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photograph

Notification No. PS-09/2026

APPLICATION FORM FOR WALK-IN-INTERVIEW

1.	Name of the Post applied for (<i>tick only for the post you intend</i>)	PAT-I	PA-II
2.	Name in full (Block letters)		
3.	Father's / Husband's Name (Block letters)		
4.	Date of Birth (as per X Std. / SSLC Certificate) (DD/MM/YYYY)		
5.	Age		
6.	Sex (Male/Female)		
7.	Nationality		
8.	Category	UR/SC/ST/OBC/EWS/PWD	
9.	Address for Communication with PIN code		
		Mobile No.:	
		E mail ID:	
10.	Permanent Address with PIN code		

11. Educational Qualification (attach relevant copies)						
Details of Courses and Specialization	Period of Course		Total Marks	Total Marks Obtained	%/ CGPA score	Board/ University/ Institution
	From (MM/YY)	To (MM/YY)				
SSLC / X Std.						
10 + 2 / PUC						
Diploma						
Graduation						
Post-Graduation						
Ph.D						
Others						

12. Details of Employment (in Chronological Order) (attach relevant copies)						
Name of the organization & Place (Please specify whether Central/Govt. /State Govt./Public Sector/Autonomous Body/Private Sector)	Position(s) held	Period		Nature of Work	Gross Pay Scale	Whether working on Regular/ Contractual / Adhoc Basis etc.,
		From (MM/YY)	To (MM/YY)			

13.	Are you having CSIR-UGC NET/GATE Score card? YES / NO NET/GATE Score: (Please attach valid score card / certificate)	
14.	Any other information	
15.	Particulars of close relatives working in CSIR / CSIR-CECRI: YES / NO (If yes, please provide following details)	
Name		
Designation		
Division		
Relationship		
16.	Are you under any Bond / Contractual obligation to serve Central / State Govt. / PSU / Autonomous or any other body / organization	
17.	Whether dismissed from service from any other institution / office or debarred by the Public Service Commission. If Yes, give details	

- ❖ I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.
- ❖ I understand that in the event of any information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice.

Place:

Signature:

Date:

Name: