



ಸಿಎಸ್‌ಐಆರ್ - ರಾಷ್ಟ್ರೀಯ ವೈಮಾಂತ್ರರಿಕ್ಷ ಪ್ರಯೋಗಶಾಲೆಗಳು
सीएसआईआर-राष्ट्रीय वांतरिक्ष प्रयोगशालाएं, बंगलुरु - 560017, भारत
CSIR- NATIONAL AEROSPACE LABORATORIES
(Council of Scientific & Industrial Research)
Bengaluru - 560017, INDIA

Affix your latest
passport size
photograph

ADVT. No. 08/2025
APPLICATION FORM FOR WALK-IN-INTERVIEW

DATE: _____

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

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

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

14.	Are you having CSIR-UGC NET/GATE Score card? (If yes, please attach valid score card / certificate)	YES / NO
15.	Any other information	
16.	Particulars of close relatives working in CSIR / CSIR-NAL: (If yes, please provide following details)	YES / NO
Name		
Designation		
Division		
Relationship		
17.	Are you under any Bond / Contractual obligation to serve Central / State Govt. / PSU / Autonomous or any other body / organization	
18.	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 or any compensation in lieu thereof.

Place:

Signature:

Date:

Name: