**CSIR – NATIONAL CHEMICAL LABORATORY**

**(Council of Scientific and Industrial Research)**

**Pune –411008, Maharashtra, India**

**www.ncl-india.org.in**

Affix your recent passport size photograph

**APPLICATION FORM**

|  |  |
| --- | --- |
| SDP Course Name |  |
| SDP Course Code |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Applicant | | | |  | | | | | |
| 2. | Father / Husband’s Name | | | |  | | | | | |
| 3. | Gender | | | |  | | | | | |
| 4. | Date of Birth and Age (as on 1st January 2018) | | | |  | | | | | |
| 5. | Address for Communication | | | |  | | | | | |
| 6. | Mobile Number | | | |  | | | | | |
| 7. | E-mail Address | | | |  | | | | | |
| 8. | Nationality | | | |  | | | | | |
| 9. | Marital Status | | | | Married / Unmarried | | | | | |
| 10. | Educational Qualifications (in reverse chronological order) | | | | | | | | | |
| Course | | School / College / University | | Subject | | | % of marks | | | Year of Study |
|  | |  | |  | | |  | | |  |
| 11. | Experience | | | | | | |  | | |
| Employer Name | | | Date of Joining | | | Date of Leaving | | | Post Held | |
|  | | |  | | |  | | |  | |
| 12. | List of Documents to be enclosed (copies only) | | | | | | | | | |
| 1. Proof of Age 2. Degree Certificate 3. ID & Address Proof 4. No objection certificate from Institute/employer (Annexure(a)/(b)) | | | | | | | | | | |
| 13. | Any other relevant information | | | | | | |  | | |
| I hereby declare that, all the particulars made in the application are true to the best of my knowledge andbelief. In the event of any information being found false at any stage, my candidature is liable to be rejected. | | | | | | | | | | |

Place:

Date: Signature of the Candidate

**Annexure (a)**

**Certificate from the Head of the Department of the College/Institute**

This is to certify that Mr/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a \_\_\_\_\_\_\_\_\_year/semester student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_(M.Sc./M.Pharm./B.Tech)in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(division/department) in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(University/Institute/College). He/She will be permitted for admission to the Skill Development Course being held at CSIR-NCL.

Place: Signature and Seal of

Date: Head of the Department /University/ College Principal/Head of the Institute

**Annexure (b)**

**Certificate from the Employer**

Mr./Ms...................................................................... is working in this organization as

.............................................. since ........................ on temporary/permanent basis and permitted for admission to the Skill Development Course being held at CSIR-NCL.

Place:

Signature of Employer/

Date: Competent Authority with Seal