

**CSIR-NATIONAL AEROSPACE LABORATORIES
BENGALURU – 560 017**

APPLICATION FORM FOR RECRUITMENT OF SECURITY OFFICER

IMPORTANT: This application form duly completed in the candidate's own handwriting OR neatly typed must reach THE CONTROLLER OF ADMINISTRATION, CSIR-NATIONAL AEROSPACE LABORATORIES, P.B.No.1779, AIRPORT ROAD, KODIHALLI, BENGALURU-560 017

Apply on or before 12 September 2020.

1. Advertisement No. : **7/2020**
2. Post : **Security Officer**
3: Post : **One**

Affix a signed copy
of your recent
passport size
photograph

4. Name of the candidate (in Block Letters)	
5. Sex (Male / Female)	
6. Father's Name	
7. Nationality (mention by birth / domicile)	
8. Present Postal Address (for communication purpose)	Pin Code <input style="width: 50px;" type="text"/> Tel/Mobile No. _____, E-mail: _____
9. Permanent Address	Pin Code <input style="width: 50px;" type="text"/> Tel/Mobile No. _____

10. Date of Birth (As per Matriculation / SSLC certificate)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DAY	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR				
11. Age (As on closing date of application)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DAYS				
12. Category (Tick whichever is applicable & also attach copy of the certificate except for UR)	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> UR	<input type="checkbox"/> XSM	<input type="checkbox"/> PWD	
13. Recognised educational/professional qualification etc, commencing from SSC/10 th Std onwards (Enclose documentary proof)							
Examination Passed	Year of passing	Marks obtained / percentage of marks			Class / Grade obtained	Duration of Degree/ Diploma Course	Board / University / Institution
		Max Marks	Marks obtained	Aggregate %age			
14. Experience:							
Period		Name of Organisation* & Place	Designation/ Post Held	Gross Pay Drawn Rs.	Permanent/ Temp. Post		
From	To						

Note : * Please indicate whether the Organisation belongs to Govt./ PSU or Pvt. Also enclose copies of certificates/testimonials etc in support of proof of experience.

15. Any other details :	
-------------------------	--

16. Particulars of close relatives : Name :
working in NAL, if any Designation :
Division :
Relationship :
17. Are you under any bond/contractual obligation to serve Central / State Government / PSU / Autonomous or any other body / organization, YES NO
18. Whether dismissed from service from any other Institution / Office or debarred by the Public Service Commission, YES NO , if yes, give details _____

19. ENCLOSURES: (Please tick the appropriate box and arrange the enclosures as per the serial number)
- | | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| 1. DD for Rs. 100/- | <input type="checkbox"/> | 6. Community Certificate | <input type="checkbox"/> |
| 2. SSLC/10 th Std Certificate (Proof of DOB) | <input type="checkbox"/> | 7. Experience Certificate | <input type="checkbox"/> |
| 3. 12 th Std Certificate | <input type="checkbox"/> | 8. Knowledge of Computer Applications | <input type="checkbox"/> |
| 4. Degree/Diploma | <input type="checkbox"/> | 9. Others | <input type="checkbox"/> |
| 5. Ex-servicemen JCO (Subedar or higher rank)/SSC/Assistant Commandant in paramilitary services | <input type="checkbox"/> | | |

DECLARATION

I hereby declare that the information given above is correct, true to facts and nothing has been concealed / distorted. I am aware that, if at any time I am found to have concealed / distorted any material information, my candidature/appointment is liable to be summarily terminated without notice.

Place: _____

Date: _____

Signature of the candidate

**FOR USE OF DEPARTMENT/OFFICE IN WHICH THE
INDIVIDUAL IS PRESENTLY EMPLOYED**

No: _____

Place: _____

Date: _____

We have no objection and that the individual will be relieved within one month on his/her selection.

Signature : _____

Name : _____

Designation: _____

(With Office Seal)