

## प्लाज़्मा अनुसंधान संस्थान Institute for Plasma Research





Application No.:	
(To be filled by IPR)	

Affix here a Recent Passport size Photograph

## **Application Form for the post of Chief Administrative Officer (on Deputation)**

(TO BE FILLED IN CAPITALS)

(Note: Please read the Advertisement, Essential Qualifications, Important Instructions and other details given on the website <a href="https://www.ipr.res.in">www.ipr.res.in</a> carefully before filling-up the Application Form)

Advertisement No.: 08/2025					
<b>1. Full Name</b> (In Block Letters): Dr./M	r./Mrs./Ms		 	 	
2. Field of specialization:			 	 	
3. Date of Birth: (In wor	ds)		 	 	
4. Place of Birth:			 	 	
5. Father's/Spouse's Name:			 	 	
6. Gender : Male/Female:					
7. Mailing Address:			 	 	
F	Pin Code:				
Tel. No (with STD code):	Mo	bile :	 	 	
E-mail ID:			 	 	
8. Permanent Address:			 	 	
]	Pin Code:				
9. Marital Status:					
	ame of the A			 	
Sig	gnature with	date:	 	 	

10. Nationality:							
11. Category (General / OBC/ SC/ ST/EWS/PwBD):							
12. Nature of present employment i.e. Ad-hoc or Temporary or Qwuasi-Permanent or Permanent:							
13. Whether currently working under Central Deputation (Yes/NO):							
	(i) If Yes, Date of reporting to Cadre:						
	(ii) Whether cooling off pe	riod completed:					
	(iii) If yes, indicate cooling	period completion da	nte:				
14. E	ducational Qualifications (	Use separate sheet if r	required):				
Sr. No.	Examination/Degree	Name of Board/ University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing		
1	SSC (10 <sup>th</sup> Standard)						
2	HSC (12 <sup>th</sup> Standard)						
3	Bachelor's Degree						
4	Mactar's Dagrae						
5							
(Please attach self-attested photocopies of the marksheet in support)							
15. Details of Employment: (give particulars in descending order starting with the present post):-  (Attach supporting document of each entry and use separate sheet if necessary)							

S. No.	Name of the organisation	Designation	Pay level; Pay stage	Tenure (from - to)	Total Tenure (In years)	Part Time/ Contract Basis/ Ad-hoc/ Regular/ Temporary /Permanent	Nature of duties
1							
2							
3							

Name of the Applicant:
Signature with date:

				above:		
17. Pa	-	on in Training	Course/Conferenc	e/Seminar/ Wo	orkshop (Only	relevant to
S. No.	Trai	ning name	Conducted	by Subjec	ct of training	From date date
1						
2						
3						
4						
separ	st of Enc ate sheet es/No	losures: (Sho if required)  Total No.	Annexure No.			
					Marksheet(s) & onal Qualificati	
				(b) Copy of	Experience Cer	rtificate(s)
I herel to the concea given	by, declare best of aled/disto any fals	e that the inform my knowledge orted. If at any to se statement,	nation given by me is and belief and roime, I am found to my application/aportice or compensa	in the Application no material fact have concealed/ ppointment sha	n is true, compl having a bea distorted any	ete and corre ring has bee information o
I herel to the concea given rejecti	by, declare be best of aled/disto any fals on/termin	e that the inform my knowledge orted. If at any to se statement, nation without in	nation given by me is and belief and rime, I am found to my application/a	in the Application no material fact have concealed/ ppointment sha tion.	n is true, compl having a bea distorted any ll be liable	ete and corre ring has bee information o to summari

Signature with date:-\_\_\_\_

20. <u>The</u>	following information to be filled & verified by the Cadre Controlling
<u>Auth</u>	ority:
a.) W	Whether the Officer have been punished during his/her service or convicted by a
Co	ourt of Law/ Organization?
Ye	es/ No :
If	yes, give details:
b.) W	Whether action on the complaint relevance on the vigilance status/integrity of the
of	fficer as on date, is pending against the officer?
Ye	es/ No :
If	yes, give details:
c.) Is	any case/inquiry pending against the officer in any Court of Law/ Organization/
or	r by law enforcement agencies?
Ye	es/ No :
If	yes, give details:
d.) W	hether any preliminary inquiry or any other vigilance related matter is pending
ag	gainst the officer?
Ye	es/ No :
If	yes, give details:
e.) W	hether the officer was denied for NOC in the past while applying for other jobs
dι	uring his/ her career?
Ye	es/ No :
If	Yes, give details:
-	Thether memo/show cause/warning have been issued to officer during his/ her nreer?
Ye	es/ No :
If	Yes, give details:
	Thether any criminal proceedings were registered against the officer during his/er career?
Ye	es/ No :
If	Yes, give details /present status and the final out come thereof:
	Name of the Applicant:
	Signature with date:-

•	ficer during his/ her career?
Υe	es/ No :
If	Yes, give details:
	hether any major/minor penalty were given to the officer in any form during his/er career?
Υe	es/ No :
If	Yes, give details:
	hether the name of the officer appears in the Agreed List during his/ her career?
Ye	es/ No :
If	Yes, give details:
k.) W	hether certified copies of APARs for the last five years are enclosed?
Ye	es/ No :
-	thether adverse entries, if any (expunged or unexpunged) in any APAR (s) If yes, ear-wise details thereof.
Υe	es/ No :
m.) AI	PAR grading of the officer for the last five years :
	Sr. No. Year/ Period APAR Grading
	1. 2.
	3.
	5.
n.) Ha	ave the officer been declared medically unfit by any organization?
Υe	es/ No :
_	ave the officer at any time been asked to submit his/her resignation or discharged dismissed on any ground during his/her career?
Υe	es/ No :
If	Yes, give details:
	Name of the Applicant:

Signature with date:-\_\_\_\_

## (Certificate to be given by the present employer of the applicant)

It is certified that Mr./Ms	is working in this organization in the
capacity as from to	_in pay scale and pay level The
cadre controlling authority of the applicant has given	n its clearance for his/ her applying for the
above post and the institution/ organization has no	objection to the candidature of the officer
being considered for the post applied for as above.	
He/ She will be relieved as per the rules, in the e	event of his selection for appointment on
deputation in your department. Further, it is also cert	ified that the information given in Sr. No. 22
(point no. a to o) in the application form is correct an	nd completely verified as per records. His /
Her integrity is beyond doubt. Also, The ACR / $\ensuremath{APAR}$	Dossier (duly attested on each page by an
officer not below the rank of Under Secretary to the	Govt. of India or equivalent) for the last 05
years of the applicant is enclosed.	
Place: Signa	nture of Head/Registrar of the Institution
Date:	Name:
Fax:	Designation:
E-mail:	Address:
	(Office Sharry)
	(Office Stamp)
Name of the Applic	
Signature with date	