

Uttarakhand State Council for Science & Technology (UCOST)

Information Technology, Suraj and Science Technology Division (Uttarakhand Govt.) Vigyan Dhaam, Jhajhra, Dehradun-248015

Application Form

To be filled in by the candidate. All the columns should be properly filled in. Incomplete application form will be rejected Affix signed recent passport size coloured photograph

Incom	Incomplete application form will be rejected.							
POST	T for apply							
1. Pr	Project Officer 2. Senior Scientific Officer 3. Scientific O	Officer						
4. Ju	funior Scientific Officer 5. Accountant 6. Junior Scientific A	Assistant						
1.	Name in full (In Capital Letters)(In case of female candidates, the appropriate prefix 'Miss' or 'Mrs' should u							
2.	Father's / Husband's Name							
3.	Mother's Name							
4.	Date of Birth (According to high school/ matric certificate)							
5.	Age as on last date of receipt of application.							
	Years Month Day							
6.	Place of birth							
7.	Gender							
8.	Marital Status							
9.	Caste: General Schedule Caste Schedule Tribe	OBC \square						
10.). Religion							
11.	Correspondence Address							
	Pin Code							
	Pin Code							

12 State.....

	/ Professi	onal/ tec	hnical Qu	alification (Commencin	g with Highes	t	
qualification	is up to m	natriculat	ion/ 10 th I	Board)				
		n / CGPA Year of passin				Board/ University	Subject (S	
a. Title The	e of Ph.D.							
	Iave you visited other countries Country visited Date of							
Country VII	ned	Bucc	7 VISIC	Burution	OI VISIC	Turpose of	VISIC	
	mployme	nt (begin	ning with	the latest):-				
Details of e		, 1	Pay	Exact date	s to be given	n Total period (in	Nature of duties	
Organizati		eld	level in Pay matrix & last pay drawn	Date of joining	Date of leaving	years)	duties	

13 Nationality.....

19	Any additional qualification such as membership of professional societies; awards and honours etc.
20	No. of Publications published in scientific journals
	a.No. of patents filed
	b.Please annexe a detailed list of Scientific publications supported with copy of the first page as attachment.
21	list of enclosures:
	1. 2. 3. 4. 5. 6. 7. 8. 9.
	DECLARATION
best of incorre	y declare that the statements made in the application are true, complete and correct to the my knowledge and belief and in the event of any of the information being found false or ct or any ineligibility being detected before or after the selection, my candidature is liable ancelled at any stage of selection/appointment and action may be initiated against me.
Date	Signature of Candidate
	Full Name
	ate already employed should get the following endorsement signed by his/her employer. sement by the Head of the Department / Office
	Date
	Full Signature
	Designation
	Stamp