WADIA INSTITUTE OF HIMALAYAN GEOLOGY
(An Autonomous Institution of Deptt. of Science & Technology, Government of India)
33, General Mahadeo Singh Road
<u>DEHRA DUN - 248 001</u>

Application Proforma

Advertisement No. 4001/24/Gen.Project.Rec. /2022-23/01-25   Dated: 06.01.2025

Position: A ☐   B ☐

(Note: Please tick only one project in one application. Submit separate application if Applying for more than one position, failing which application will not be considered for any position)

Affix recent passport size colour photograph duly singed	

1.   **Full Name** (in Block letters) **:** _____

2.   **Father's/Husband's Name:** _____
        (with mobile no.)

3.
(a) **Address For Correspondence** (give phone/fax number also, if available)	(b) **Permanent Address** (give phone/fax number also, if available)
Mobile No : E-mail :	

4.   **Date of birth & Place of birth:** _____

        Age as on the date of advertisement: …………..….Years………..….…..Months….………....Days.

5.   a. **Sex**: Male/Female/Transgender : _____

        b. Marital Status   : _____

        c. Identification Mark   : _____

6.   **Nationality**   : _____

7.   (a) **Do you belong to Scheduled Caste/Scheduled Tribe/OBC ?** Yes / No
             (Please tick)
        (b) **If yes, please state category:**
             (Please enclosed attested copies of documentary evidences)

8.   **Academic Qualifications**:
      (Commencing with the High School or an equivalent examination).

Examination/ Degree	Subject/ Specialization	Year	Division	% / Marks/ Grade	University /College/ Board	Distinctions/ Scholarships

9.   (a) **Has there been any break in your academic career ?**
          (If so, give details thereof with reasons).

      (b) **Have you been punished during your studies at College/university?**
          (If so, give details).

      (c) **Have you been punished during your services or convicted by a court of Law?**
          (If so give details).

      (d) **Were you at anytime declared medically unfit or asked to submit your resignation or discharged or dismissed?** (If yes, give details in a separate sheet).

10. **Experience:**

Sl. No	Name of Organization (Give complete address)	Post held	From	To	Nature of duties

11. **Publication:**
(Give names of author, title of paper, name of journal, year, volume, pagination etc.)

    (i)   Research Papers in Referred Journals:

    (ii)   Papers in Conference/Symposia:

    (iii)   Books edited and chapters in books:

    (iv)   Popular articles:

    (v)   Others:

12. **Prizes/ Medals / Awards / Honours:-**

13. **Special Training/Assignment/ Any other Relevant Information:**

14.   Short write up(not exceeding 250 words) on research interest (only for Project Scientist).

15.   Short write up on work done during Ph.D. (not exceeding 250 words) (only for Project Scientist).

16.   **Justify how the Project/Institute will be benefitted by your joining (not exceeding 250 words).**

17.   (a) **Membership/Fellowship of Professional Societies :**

(b) **Knowledge of foreign language:**

(c) **Other Activities/Responsibilities:**
(Applicant may mention special qualification/experience which are not included under the heads given above).

(d) **If appointed, what notice would you require before joining the post?**

(e) **Any other relevant information, not given above.**

18.   **List of enclosures (Education Qualification, Experience Certificates etc):**
        (failing which application will not be considered for the position)

19.   **Declaration to be signed by the candidate**

       I hereby declare that the entries in this form are true to the best of my knowledge and belief. If at any time, I am found to have concealed any material information or given any false details, my appointment shall be liable to be summarily terminated without notice or compensation.

Dated: **Signature of applicant**

20.   Forwarded with the remarks that the Institute/Organization has no objection to the candidature of the applicant being considered for the post applied for as above (in case employed).

Dated:

                                       Signature
                                       (Head of the Institution/Organization)
                                       Designation
                                       Address:
                                       Telephone/Fax No.
                                       (with STD Code)