



CSIR-CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS  
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1. POST APPLIED FOR: Project Associate-I/ Project Associate-I/Project Assistant Post Code: \_\_\_\_\_  
(As per Advt. No. CRCH/AROMA & FLORI/1/2023)

2. SUBJECT/AREA :  
3. NAME OF APPLICANT :  
4. FATHER'S/HUSBAND'S NAME :  
5. DATE OF BIRTH :  
6. AGE (as on date of Test/Interview) : \_\_\_\_ Y. \_\_\_\_ M. \_\_\_\_ D.  
7. WHETHER SC/ST/OBC :  
8. CORRESPONDENCE ADDRESS & :  
PERMANENT ADDRESS :

Photograph

9. Phone/ Mobile No. \_\_\_\_\_ Email I.D. \_\_\_\_\_  
QUALIFICATION :

NAME OF EXAM PASSED	DIVISION	% of MARKS	SUBJECTS	YEAR	BOARD/ UNIVERSITY
High School					
Intermediate/12 <sup>th</sup>					
Graduation					
Post-Graduation					
Other Degree/ Diploma, if Any					

10. EXPERIENCE:

Name of Dept./Lab.	Position	Date From - To	Total period

11. Whether any close relative employed in CIMAP/CSIR:  
(If yes, please state his/her name, designation, and place of posting etc.)

I hereby declare that the information given above is true to the best of my knowledge and belief. In case the above information is found to be incorrect at any stage, my candidature may be terminated. **Copies of all Certificates/Marksheets/Caste certificate are enclosed.**

DATE:  
PLACE:

SIGNATURE OF CANDIDATE