**केंद्रीय विद्युत अनुसंधान संस्थान**

Affix recent passport size self-attested photograph here

**Central Power Research Institute**

**PART - A**

|  |  |  |  |
| --- | --- | --- | --- |
| 01 | Post Name *(Additional Director/Joint Director)* | : |  |
| 02 |  Specialization(If applicable) | : |  |
| 03 | Advertisement No.  | : |  CPRI/10/2025 |
| 04 | Name in full *(in Block letters)* | : |  |
| 05 | Category(GEN/EWS/OBC/SC/ST) (Enclose latest certificate as per Govt. of India format)  | : |  |
| 06 | Age and Date of Birth *(Enclose a copy of certificate in support of age)* | : | Date of Birth: Age: Years……………Months………Days……….  |
| 07 | Gender  | : |  |
| 08 | Nationality | : |  |
| 09 | Religion |  |  |
| 10 | Father’s/Husband’s name | : |  |
|  11 | Address for correspondence *(in Block letters)*  | : |  |
| 12  | Permanent Address  | : |  |
| 13 | Telephone No. & e-mail details.  | ::: | Mobile : |
| Alternate Mobile No., if any: |
| E-mail id : |
| 14 | Status of your present employment (Please specify whether Central Government / Central Autonomous Organizations / Statutory Bodies, PSU, Pvt. etc.) | : |  |
| 15 | Whether belongs to Persons with Benchmark Disability (PwBD)/ Ex-Servicemen.(If yes, attach requisite certificate /documents) | : |  |
|  16 | Have you applied for any other post/employment examination elsewhere, if so give details. | : |  |
| 17 | If selected, the minimum time required to join the post. | : |  |
| 18 | Have you executed any bond to present Employer, if so, please give details | : |  |
| 19 | Educational/professional qualification (indicating clearly the examinations passed, University/Board, Year and Month of passing, class and percentage of marks & specialisation, starting from Matriculation to Highest Degree) copies of certificates should be enclosed, failing which the application shall be liable to be rejected: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Examination passed | Year and month of passing | Board/ University/ Institution | %age of Marks / CGPA  | Class/Division obtained | Specialization | Whether Certificates enclosed |
|  |  |  |  |  |  |  |

20. Whether continuing higher studies? If so furnish details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the course | Year and month of Regis-tration | Board/University/Institution | Whether part time or full time or distance | Specialization | Year & month during which the course will be completed |
|  |  |  |  |  |  |
| 21 |  Details of the previous/present employment held, if any, in **chronological order** (indicating the name of the employer with full address, post held, salary drawn, period of service, nature of duties etc.). Supporting documents in the form of experience certificate or certificate from employer shall be enclosed. Failing which the application shall be liable to be rejected: |
| Name of the Organisation/Company with full address  | Type (Govt. / PSU/Pvt.) | Post held | Service Period | Scale of pay, salary drawn | Employment Type (Permanent /Contract) | Nature of duties performed.(in detail)  |
| From | To |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 22 | Total number of years of work experience in the relevant field. |  |
| 23 | Area of expertise |  |

24. Details of **Journal Papers** Published in the Relevant Area/Field (Enclose certificates or supporting documents as proof).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Title of the Paper  | Name of the Journal | **Type** (National/International) | Year of Publication | Authorship (First/Second/Co-author etc.) |
|  |  |  |  |  |  |

25. Details of **Research Projects undertaken** in the Relevant Area/Field (Enclose certificates, project report or supporting documents as proof).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Title of the Research Project | **Project Duration** (with Start Date - End Date) | Funding Agency | Role in the Project (Principal Investigator/Co-Investigator/Researcher, etc.) | Brief Description of the Project | Outcome/Results |
|  |  |  |  |  |  |  |

26. Details of **Patents** (Enclose certificates or supporting documents for proof).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Title of the Patent | **Inventor (s)** | Role in the Patent (e.g., First Inventor, Co-Inventor, etc.) | Patent Holder (e.g., Individual/Organisation) | Patent Status (Granted/Pending) | Brief Description of the Patent |
|  |  |  |  |  |  |  |

27. Details of **Conference Papers** Published in the Relevant Area/Field (Enclose certificates or supporting documents as proof).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No | Title of the Paper  | Name of the Conference | **Type** (National/International) | Year of Publication | Authorship (First/Second/Co-author etc.) |
|  |  |  |  |  |  |

28. Details of **Awards Received** (International Awards, National Awards, Best paper Awards given by recognized International bodies, Govt. of India, or Govt. recognized bodies) in the Relevant Field (Enclose certificates, letters or supporting documents for proof).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No | Name of the Award | **Awarding Organization** | Type of Awarding Organization (e.g., recognized International bodies/ Govt. of India/Govt. recognized bodies) | Date of Award | Whether National /International Award | Reason for Award |
|  |  |  |  |  |  |  |

29. Details of **Professional membership** (Enclose supporting documents for proof).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No | Name of the Professional Organization | **Membership Type (e.g., Member, Fellow, Associate Member, etc.)** | Membership Number | Joining Date | Validity of Membership (Annual /Life) |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 30 | Details of any special work carried out / certification in the relevant field (if any). |  |
| 31 | Have you attached the relevant and valid certificates in support of your claim regarding the requirements for the post?(Specify the **list of documents** attached) |  |
| 32 | Name, address and contact details with email ID & mobile number of two persons who have knowledge about your professional experience. | 1. |
| 2. |

 **DECLARATION**

* Have you ever been detained in Police Custody?
If yes, please give complete details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever been convicted by any Court of Law?

If yes, please give complete details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is any criminal case or vigilance case pending or contemplated, or were any such proceedings contemplated in the past, against you in any Court of Law/Office?
If yes, please give complete details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature will be summarily rejected and my employment terminated without notice and compensation.

Place :

Date : (Signature of the Candidate)

**PART B *(To be filled by employees of State/ Central / PSUs etc. only)***

Name of the Organization : Reference No. :

It is certified that :

|  |  |
| --- | --- |
| 1. | The date of birth, qualification, experience and other details given by Shri/Smt./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as given in Part A of this application for the post of **Additional Director** at Central Power Research Institute have been verified and found to be correct. |
| 2. | Integrity of Shri/Smt./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is beyond doubt. |
| 3. | No vigilance or disciplinary proceedings is either pending or contemplated against the officer. |

Signature of the authorized Officer

(Name & Designation)

Seal of the Officer

Full address of the authorized Officer (Seal)

Telephone No.