



**ARUNACHAL PRADESH  
STATE COUNCIL FOR SCIENCE AND TECHNOLOGY  
(DEPARTMENT OF SCIENCE AND TECHNOLOGY)  
GOVT. OF ARUNACHAL PRADESH  
ESS-SECTOR, ITANAGAR-791113**

**PROFORMA OF APPLICATION**

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passport size  
photograph here

1. Post Applied for :
2. Name of the Applicant :
3. Father's Name:
4. Date of Birth :
5. Nationality:
6. Marital Status:
7. Category:

GENERAL	SC	ST	OBC

8. Address for Correspondence with Telephone No. & E-mail ID :
9. Permanent address:
10. Present post :  
(if employed  
with name of the employer)
11. Educational Qualifications

Exam Passed	Board/University	Year of Passing	Subjects	Division	%age of marks obtained

12. Details of employment (if employed), in chronological order

Office/Instt/ Orgn.	Post Held	From	To	Scale of pay and basic pay	Nature of duties

13. Nature of present employment (If employed):
14. Details of research work done, if any :  
(Should not exceed 500 words)
15. Specialisation :  
(With reference to experience desired for the post)
  - (a) Professional training undergone, if any, details thereof:
  - (b) Total experience in years after Essential Qualification:
16. Publications with details of the impact factor, if any
17. Names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment. They must be persons under whom you have worked or studied.
  - (i) Name with full address :
  - (ii) Name with full address :
18. Any other information you may wish to add :  
[Like list of publications, Membership of national and international journals, Learned societies, awards and recognition, Etc. (in brief)]
19. Details of Enclosures :
20. Any other relevant information that the applicant may like to furnish :
21. DECLARATION :-

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

Place:

Date:

(Name and Signature of the Applicant)