**Application for Research Associate/Research Assistant/ Field Investigator/ (Temporary) in the ICSSR Research Project**

**`St. Paul’s College, Kalamassery**

**Department of Commerce (Aided)**

**Kalamassery, Pin 683503**

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| **Personal Details:** | | | **Paste self-attested photo** |
| **1** | **Full Name (as in SSC certificate)** |  |
| **2** | **Gender** |  |
| **3** | **Date of Birth & Age as on Notification date** |  |
| **4** | **Father’s Name** |  |
| **5** | **Nationality** |  |
| **6** | **Community (General / OBC / SC / ST / PWD)** |  |
| **7** | **Married / Unmarried** |  |

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| --- | --- | --- |
| **Candidate's Name & Address for correspondence:** | | |
|  | **Mailing address** | **Permanent address** |
| Name |  |  |
| Address with PIN Code |
| Email: |  | |
| Phone No. |  |  |
| Mobile No. |  |  |
| Fax No. |  |  |

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| **Present position held, if any:** | |  |  | |  |  | |  |
| **Name of the University / Institution** | **Name of the Position and Salary Details** | | | **Nature of Duties** | | | **Proof encl. no.** | |
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| **Educational Qualifications (Degree onwards only)** | | |  |  |  |  |  |
|  |  |  |  |  | **CGPA** |  |  |
| **Name of the Examination passed** | **Name of the Board / University** | **Month & Year passed** | **Division/ Class** | **% of Marks** | **(*if grading is applicable)*** | **Subjects studied** | **Proof Encl. No.** |
| **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | **(f)** | **(g)** | **(h)** |
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| **Experience (Including present position/employment)** | | | | | | |
| **Designation & scale of pay** | **Name & Address of the Employer** | **Period of Experience** | | | **Nature of work/duties performed/**  **being performed** | **Proof encl.**  **Sl.no.** |
| **From date** | **To**  **date** | **No. of years/**  **Months/days** |
| **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | **(f)** | **(g)** |
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| **Names & complete postal addresses of 2 referees:** | | | |
|  | |  | |
| **Email:** |  | **Email:** |  |
| **Phone (Landline) with STD Code :** | | **Phone (Landline) with STD Code :** | |
| **Mobile Ph:** | | **Mobile Ph:** | |

**Declaration:** I hereby declare that all my entries in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the applicant**

*Note: Should be sent to the email address* [asha@stpauls.ac.in](mailto:asha@stpauls.ac.in) *on or before 25th May 2023.*