		Unit : NML		(Council	of Scientific and Indu aramani, Chennai 60 ADVT.NO.ML/03/20	strial Research) 00 113	PBX ① Fax	22542 225428 225417 225422 225422 225419	324 775 246		
		APPLICAT	ION FOR	R THE POS	ITION OF "				NIT"		
1	Name		:								
2	2 Father's / Husband's Name :										
3	3 Date of Birth and Age :										
	Address for Communication with email		:	Permanent		Present			Affix a Recent Passport Size Photo		
	Telepho	ne / Mobile No(s)									
5	Nationali	ty / Religion	:								
6	Whether	er belongs to : SC / ST / OBC / PH YES / NO (Please strike out which ever is not applicable. If Yes please attach copy of the community certificate)									
7	7 Details of Qualifications :										
	SI. No.	Examination Passe (Main Subject)	d		Name of the Board / University			Year of Passing		Class & % of Marks	
8.	Wheth	er possessing Experi			: YES / NO (If yes, mention the following particulars)						
	S.No. Name & Address of the Company / Institution			Designation	Designation Period of Engagement From To			Nature of Work			
9.		Whether you have any blood relative working in NML : YES / NO Unit, Chennai.									
10.		Address of Two Refe	rees		: (1)		(2)			
11.					•						

DECLARATION I hereby declare that all statements made in this application are true 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 engagement is liable to be terminated without notice.

Place Date

: