

# INDIRA GANDHI INSTITUTE OF DEVELOPMENT RESEARCH (An Advanced Research Institute established by Reserve Bank of India) (Deemed University)

Gen. A.K. Vaidya Marg, Film City Rd, Santosh Nagar, Goregaon East, Mumbai-400065, Maharashtra

Form No.			recent passport hotograph
Advt. No.  Name of the Post applied for	Separate application form sl		n post
1. Name in full (in block ca	pitals) Surname	Name	_
2. Fathers Name	Dr./Shri/Smt./Kum		_
	age added or dropped any or surname or changed your	Yes	_/No
(b) If so, give particula	rs/Proof		

4.	name in commu	ddress (including the candi of full in block capitals) to we inications should be sent. ph Office / Telephone No.	hich			
5.	(a)	Date of Birth				
	(b)	Place of Birth				
	(c)	Gender (please tick)	Male	Female	Transgender	-
	(d)	Marital Status (please tick	<b>(</b> )	Married	Unmarried	
6. Nati	onality					
7. (a) Г	(If 'ye	elong to Scheduled Caste es', give particulars and port of your claim.)			_/ No from the District Magist	rate
(b)	(if yes	belong to OBC (non-cs, produce attested copy by prescribed authorit	y of the certific		_ / No	
(c)	(with % (If yes p	a person with disability of disability and nature) produce attested copy of the py prescribed authority)	e certificate	Yes	_ / No	

<sup>\*</sup>Any change of address given in Col. 4 above should at once communicated to the Registrar, Indira Gandhi Institute of Development Research, Gen. A.K. Vaidya Marg, Film City Road, Goregaon (East), Mumbai - 400 065

8. Give Particulars of all examinations passed, the degrees and technical qualifications obtained at the university or other places of higher or technical education (commencing with S.S.C. or equivalent examination). Attested copies of all certificate/diplomas and degrees obtained should be attached with the application and should in addition, be authenticated by the candidate's full signature.

When the certificates/degrees etc., do not indicate the divisions or class obtained, only the percentage of marks obtained should be indicated. (Strike out which is not applicable)

Examination of Degree	Board/ University	Subjects	Duration of Degree	Year of Passing	% of Marks	Div.
Ph. D/ MPhil						
MLISc						
BLISc						
MSc /MCom/ MA/ MCA/ M.Tech						
BSc/B.Com /BA / B.E. / B. Tech / BCA						
HSC(12 <sup>th</sup> )						
SSC (10 <sup>th</sup> )						
Others:						

9. Give in **reverse chronological order** details of your employment. If the space below is not sufficient and the details of employment are supplied on a separate sheet of paper, those details should be duly authenticated by the candidate's full signature.

Full Address of the office, firm or Institution	Post held	From	То	Total Experience	Scale Pay	Basic Pay/ Total Emoluments	Whether held permanently / on probation / Temporary	Reasons for leaving the post
		Total Experie	ence					

10. Describe below the specific experience gained during your employment which has bearing on duties of the post applied for

12. a)	Are you w initial pay		ept the minimum	Yes/ No
	initial pay	ate what is the that you wou the prescribed		
b)	1 1	ed, what noticefore joining t	ce period would you he post?	
	require be	efore joining t	he post?	sed by the IGIDR? If 'Yes
13. Have y	require be	efore joining t	he post?	Result of application (
13. Have y following post applied	require be you ever bee earticulars.  Date of	efore joining to a candidat  Date of	he post?  e for any post adverting  IGIDR reference	Result of application (communicated by IGID
13. Have y following prost applied for	require be you ever bee earticulars.  Date of	Date of Interview  een dismisse pulsorily retent service or	he post?  e for any post adverting   IGIDR reference no (if any)  ed,  ired  convicted	Result of application (

#### 15. Particulars of two references.

(These should be persons holding responsible position. They should be intimately acquainted with the applicant's character and work but must not be relations. Normally referees should be such that they can critically assess the applicant's professional competence, when the applicant has been in employment. He/she must either give his/her present or most recent employer or immediate superior as a referee or produce a testimonial from him/her in regard to his/her fitness for the post.)

Name	Occupation or Position	Full Address**	Email Id/Contact

If candidate desires to name any person residing outside India as referee, they should write to that person (referee) and request him/her to send the testimonial directly to the Registrar, IGIDR, Film City Road, Goregaon (East), Mumbai 400065, India a statement of his/her opinion, concerning the candidate's character and suitability for the post. The reply will be treated as confidential.

\*\* Complete address of the referee (Street/Town/Pin Code) should be given.

#### 16. Details of Enclosures:

1. 2.

3. 4.

5. 6.

17. Additional Remarks: (Applicants may mention here any special qualification or experience which has not been given under the above heads. If the space below is insufficient for the purpose, please give full particulars on a sheet of paper, duly authenticated by the candidate's full signature and attach it to this application inserting here a reference to the sheet attached.) I hereby declare that the entries in this form and the additional particulars (if any), furnished in reply in questions 15, 16 and 17 are true to the best of my knowledge and belief.

Date:	Signature:
	FOR USE IN THE CASE OF PERSONS IN EMPLOYMENT IN INDIA
Certif	icate by the Head of Department or Office
	Certified that Shri/Smt./Kumari
	a post asin this Department/Office/Institution/Organization. I have jection to his/her application being considered for the post of
(a)	
	It is also certified that, he/she has submitted his/her application to the
Depai	tment/Office/Institution/Organization on fo
onwa	rd transmission to the Indira Gandhi Institute of Development Research.
No.:	Signature:
Date:	Designation:
Place	Office Stamp:

## SUMMARY OF APPLICATION

P	ost Appl	lied t	for _						
Name in Full: _									
Address for Con	nmunica	tion:	: _ _						
SC/ST/OBC/Pers (with % of disabil	son with I ity and its	Disab natu	ility re) _						
Date of Birth:									
Educational Qua	alificatio	ns							
Exam	Class	Per	rcentage	Year ( Passir		S	ubject	Board/ University	
									_
Professional Exp	perience								
Name of the Orwith add	ame of the Organization with address  Design				Pe From	eriod m - To	Total Exp	Salary	
									$\dashv$
									$\dashv$

### ANNEXURE – I

1.Name of the Candidate:
2.Names of Open Source Library related software worked with :
b.
c.
3. Please mention name of content management systems worked with:
a.
b.
c.
4.Please mention Reference Management Tools worked with: