

SEQUENCE WISE DOCUMENTS CHECKLIST FOR JRF/SRF/PAs/SPAs

Name :
Designation :
Date of Joining :
Project Code :
PI Name :
Mob :
Email :

SI No.	Type of Documents	Attached or Not		
1.	Joining Form	Yes or No		
2.	Offer/Award Letter	Yes or No		
3.	Duty Report Form	Yes or No		
4.	Medical Fitness Form	Yes or No		
5.	Character Certificate	Yes or No		
6.	Tenure in CSIR Declaration	Yes or No		
7.	HRA Form	Yes or No		
8.	Staff Club	Yes or No		
9.	Pan Card	Yes or No		
10.	Aadhar Card	Yes or No		
11.	Bank Passbook Copy	Yes or No		
12.	Educational Qualification	1.	10 th	Yes or No
		2.	12 th	Yes or No
		3.	Degree	Yes or No
		4.	Masters	Yes or No
		5.	PhD	Yes or No
		Others		
		6.		
		7.		
		8.		
		9.		
10.				
13.	Experience (if applicable)			
14.	Others			

All Documents are verified and correct. Administration may kindly issue the joining OM

Head, HRD

UNDERTAKING

I, _____ S/o / D/o /Shri /Smt. _____

Hereby certify that I have not been engaged earlier as _____ or in any
Other capacity in CSIR/CSIR-Institute of Genomics and Integrative Biology, Delhi.

OR

Hereby certify that earlier, I was engaged in _____

As _____ in the following projects:-

Project Title & No.		
Name of the Project Leader		
Department/Division		
Employee ID No.		
Period of engagement	From	To
Stipend Per Month		

At present, I am engaged as _____ in Project No. _____

(Name of the Project _____)

I am aware that total tenure of engagement in all the Projects including the present one shall not exceed **Six Year** and that my services in the above Projects are co-terminus with the duration of the Project and that my working in Project does not entitle me any claim over the regular post in CSIR/CSIR-Institute of Genomics and Integrative Biology.

Apart from this, I..... agree not to disclose any confidential information pertaining to the project, research, or any intellectual property associated with the institute, during and after their employment, except as authorized by the project leader of the CSIR-IGIB project.

I certify that my above statements are true to the best of my knowledge and belief.

Phone: _____

Date: _____

Signature of the candidate

CSIR-INSTITUTE OF GENOMICS & INTEGRATIVE BIOLOGY

MALL ROAD, DELHI - 110007

APPLICATION FOR APPOINTMENT

IN THE _____ (CSIR/DBT/ICMR/DST/ etc.) FUNDED PROJECT AT CSIR-IGIB

Application Registration No.				Affix recent passport size photograph							
Post Applied for											
IGIB ID No.(if any)											
Advt. No. or Date											
Title of the project											
Name of the Project Leader											
Name of the Candidate (IN BLOCK LETTERS) [As per 10th certificate]											
Father's/Husband's Name				Occupation							
Mother's Name				Occupation							
Date of Birth	dd	mm	yy	(Tick the appropriate boxes)							
Age as on date of application	yy	mm	dd	SEX	Marital Status	Category					
Religion				Male	Female	Married	Single	SC	ST	OBC	Gen
Permanent Address & Phone No.											
National Level Exam. Cleared *	CSIR	UGC	ICMR	DBT	Others						
Did you work in IGIB before?				YES	NO	(Delete what is not applicable)					
If yes, give total period				Year(s)		Month(s)					

If you were employed in CSIR-IGIB in another project, please attach the copy of the No dues certificate.

Are you relative of any employee of IGIB/CSIR ? Yes/No : _____

If yes, please mention the Name & Designation of the employee and relationship

Name : _____

Designation : _____ Relationship : _____

ACADEMIC QUALIFICATIONS*					
Exam. Passed	Year of passing	Board/College/University	% Marks obtained	Class/ Division	Rank, If any.
Ph.D. in					
M.Sc./M.Tech. In _____					
B.Sc./B.Tech. In _____					
Class XII					
Class X					
Honours and Awards, if any.					
Professional Experience, if any.					
Extra-Curricular activities, if any					

* Self Attested copies of the certificates and list of publications should be attached.

Date: _____

Signature of the candidate

The original certificates and publications has to be checked by HR Division	Name :	
	Signature :	
	Date :	

To be completed if the candidate is selected for appointment:

Date of Interview & Selection				
The present appointment is upto				

Designation of the Post (as in the project)				
Monthly Salary	Rs.	H.R.A. (%), if any		
Project Code		Date of Application		
Project Title				
Project Leader's Name				
Funding Agency				
Dt. Of Sanction/ Extension of Project				
	Years	Months		
Duration of Project/Extension				
Remaining Duration				
Recommendation of the Project Leader for the candidate				
<hr/> Signature of the Project Leader				

Head, HRD

Director, CSIR-IGIB

Note:

Please give your Bank account details for transaction of your salary.

Bank Account No: _____

Bank Name, Branch & City: _____

IFSC Code: _____

PAN Card Number: _____

Aadhar Number: _____

CSIR-INSTITUTE OF GENOMICS AND INTEGRATIVE BIOLOGY

Delhi University campus, Mall Road,
Delhi – 110007

JOINING REPORT*

(Dr./Mr./Ms.) _____ do hereby report on duty as
(Designation) _____ on (date) _____ forenoon/afternoon to
work with Dr. _____.

The joining of the candidate is subject to acceptance to the following conditions:

1. He/She shall follow the rules and regulations of the Institute.
2. The publication right/Intellectual Property Rights of the work carried out at the institute shall belong only to IGIB/CSIR.

I hereby accept above conditions.

Signature of the Candidate: _____

Delhi address: _____

Contact Phone No. _____

E-mail ID: _____

In IGIB : Room No. : _____

Intercom No. : _____

He/She will work with _____.

Signature of the Project Leader

Note:

All researchers (including PhD students, Research Associates, Project staff) have to get their 'No Dues' done within 3 months of resigning, otherwise, CSIR-IGIB will not release last month salary.

**CSIR-Institute of Genomics and Integrative Biology
Mall Road, Delhi-110007**

H.R.A. CERTIFICATE

(Please Tick the applicable items, delete underlined Phrases which are not applicable)

1. Certified that I am residing in home-

- a. Hired by me/an undivided Hindu family []
- b. Owned by me/an undivided Hindu family []

In which I am a Co-partner and I am incurring some expenditure on rent / contributing towards rent.

2. Certified that I am residing in-

- a. Govt. allotted accommodation. []
- b. IGIB Hostel []
- c. CSIR Guest house []

Dated: _____

Signature: _____

Name: _____

Emp-ID: _____

Designation: _____

Resi. Address: _____

Contact No:- _____

Recommended & Forwarded
Sectional Head/Project Leader

Name: _____

Design: _____

**CSIR-Institute of Genomics and Integrative Biology
Mall road/Mathura Road campus, Delhi**

Staff club membership form

Employee ID: _____

Employee Name: _____

Staff club membership willingness: [Yes/No]

Club subscription charges (INR): [30/50/100]

Mobile No: _____

Signature _____

(Name in block letters)

MEDICAL FITNESS CERTIFICATE

This is to certify that I have carefully examined Mr/Ms
Son/daughter ofaged.....of village.....
.....District.....state.....
.....Pin Code.....

He/She is in good mental and physical health and is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

This certificate is being issued to him/her for the purpose of

Signature of Candidate:

Medical Officer's Name:

Registration Number:

Signature with Seal:

CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./.....
Son/daughter of Shri..... for the last.....years
.....months.

He/She bears a good moral character and is ofnationality.

He/She is not related to me.

Place:
Date :

Signature

Name (in Capital Letters)
Designation & Address with Stamp