

UTTARAKHAND LANDSLIDE MITIGATION AND MANAGEMENT CENTER, DEHRADUN

Post Applied for

Adv. No.Dated.....

A. Personal Information

- 1 Candidate's Name
- 2 Father's /Husband's Name
- 3 Mother's Name
- 4 Date of Birth
- 5 Age (As on 1stJuly2025) _____ Years _____ Months _____ Days
- 6 Gender-
- 7 Marital Status-
- 8 E-mail Id-
- 9 Mobile No.-
- 10 Nationality-
- 11 Domicile of Uttarakhand-
(If Yes then include the certificate)

If you have any reservation
Category-
SC/OBC/EWS/ST- if YES(
Please include the self-
attested certificate)

Paste a recent
passport size
photograph here

B. Address Details

Permanent Address	CorrespondenceAddress

C. Educational Qualifications Details-(from 10th onwards)

[illegible]

Have you qualified NET/GATE/SLET (Yes/No).....

If yes, mention year-

Have you pursued PhD Degree (Yes/No).....
(If yes give details below)

Designation (JRF/SRF/Project Fellow etc.)	Remuneration	Title of Thesis	University/State/ Authorities	(Regular /Part Time)	Date of Registration	Whether pursuing/submitted/ awarded. If awarded mention date

D. Working Experience (in chronological order)

Sl. No.	Designation	Organization's Name	Employment Type (Permanent/ Contractual/ Temporary)	From	To	Total Tenure (Years and Months)	Last Salary Drawn	Roles & Responsibilities

Total Relevant Experience - Years Months

(Should be according to mentioned experiences in above Table)

E. Any other Additional Qualifications/Certification/Trainings-

(Should be shared with Documents)

F. Have you published any research papers/articles /books in Peer Reviewed SCI, Scopus or UGC listed Journals (give details as annexure)

G. If selected, how much time would you require to join?

H. Any other information:

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Declaration

Ihereby declare that all the details/information given in this application form is true and correct and I have not hidden any facts in these particulars/ information. If any details / information is found to be false or incorrect or if any facts are hidden by me, then my candidature should be cancelled. If such situation comes to light after the appointment, then my services should be terminated with immediate effect.

Date:
Place:

Signature of the Candidate
Name-