



**Society for Applied Microwave  
Electronics Engineering & Research**

**APPLICATION FORM**  
(TO BE FILLED IN BLOCK LETTERS ONLY)

Affix Recent  
Passport  
Size Photograph

**Subject :** \_\_\_\_\_ **Post Applied :** \_\_\_\_\_

**Sr.No.** \_\_\_\_\_

**Advt. No.:** \_\_\_\_\_

1. Name in full(Shri/Smt/Km) : \_\_\_\_\_  
.....

2. a) Father's name: \_\_\_\_\_ b) Mother's name \_\_\_\_\_

3. a) Date of Birth: \_\_\_\_\_ 19 \_\_\_\_\_  
(in Christian era in figures)      Date      Month      Year

b) Age as on closing date mentioned in Advt.: \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_ Days

4. a) Sex (Male/Female) : \_\_\_\_\_ b) Marital Status : \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. Reservation Category (SC/ ST): \_\_\_\_\_ 6 (a) Religion : \_\_\_\_\_  
(attach certificates if applicable)

7. Whether presently working in Government/Semi-Government/  
Public Sector Undertaking/Autonomous/Corporate Bodies

8. Address for correspondence (with Pin Code)  
\_\_\_\_\_

(Tele No., Mob. No., Fax & e-mail, if any) \_\_\_\_\_

9. Permanent Address (with Pin Code) \_\_\_\_\_

(Tele No., Mob. No., Fax & e-mail, if any) \_\_\_\_\_

10. Nearest Railway Station \_\_\_\_\_

11. Educational Qualifications #:

*Exam passed	University/ Institution/ Board	Date of Joining	Date of Passing	Subject in which degree is awarded	Specialisation as reqd. in advt. (if any)	**Percentage of Marks	Division	Rank/Position in the Univ.
.....								

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\* In chronological order from X Standard (SSLC/HS/HSC) onwards, # **Specify the gap with reasons in Education career, if any.**

12. Professional Training:

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Organisation	Period		Details of Training
	From	To	

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13. Employment Record\* (Attach separate sheet in following format, if necessary):-

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Name & address of employer/ Orgn/Institution	Period of service		Designation of the post held	Scale of pay of each post	Detailed description of work	Reason for leaving
	From	To				

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\* **Specify the gap, if any**

14. Present Basic pay: \_\_\_\_\_ Total Emoluments : \_\_\_\_\_  
(with break-up of basic, DP, DA, HRA, CCA, TA etc)

15. Whether the present post is held on regular or ad-hoc basis:

16. Are you under any contractual obligations to serve Central/State Govt/Any other Public Sector Undertaking or Autonomous body and if so, give details :  
(attach NOC if applicable)

17. Have you been interviewed for any recruitment/selection by SAMEER during the past one year?  
If yes, give particulars:

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Sr No.	Particulars (eg. Date of Advt, Advt. No.)	Name of Posts & Discipline	Date of Interview	Result
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18. Details of relatives already employed in SAMEER:

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Name of the Relative	Relationship	Lab/Estt in which employed	Post Held
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19. Give two referees name & address and attach certificate from them:

\_\_\_\_\_  
(Not related to the candidates) (Gazetted Officers/Professors of  
reputed academic Institutions/Public Sector Executives etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Any other information you may wish to add, including extra curricular activities (use separate sheet if necessary).

21.

**Declaration**

I declare that the foregoing information is correct 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 appointment shall be liable to summary termination without notice. If offered appointment, I will join on specified date and subsequently, take up duty in the discharge of SAMEER assignments anywhere in India as and when required.

Place:

Date:

Signature of Candidate

(important : use only a4 size paper for application and other testimonials. Attested photocopies of proof of items 3,6 and 11 should be enclosed)

## **PART-II**

(To be filled in by the Competent Authority in the case of candidates who are presently working in Government/Semi-Government/PSUs/ Autonomous Bodies)

Certified that:-

The information given above by the officer is correct.

No vigilance/disciplinary proceedings are pending or contemplated against the above mentioned officer.

Date:

Signature:

Name:

Designation:

Name of the Department/ Ministry

**SUMMARY**  
**(Use Separate Sheet)**

Advt. No. :  Subject:  Post :

Sr. No.

Name :

DOB:  Nationality:

Category:   Age as on Closing Date:   **Month Year**

Central/State Govt./Armed Forces/ PSU's/Others:

Exam	University	Subject	Month	Year	%age	Div/Gde
<b>University Rank</b>						
<b>Essential Qualification (EQ)</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Highest Qualification (HQ)</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience :  
No of years

Areas of experience

Postal Address:

City:  PIN:

Tele. No.  Mobile:  FAX:   
(with STD code)

E.Mail :