



**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**  
**NORTH-WESTERN REGIONAL CENTRE: P.U. CHANDIGARH**  
**Ministry of Education (Govt. of India)**  
**<https://icssrnwrc.org>**

Affix recent  
passport size  
photograph  
duly signed by the  
applicant

**FORMAT OF APPLICATION**

- 1. Post applied for: CONSULTANT ACCOUNTANT**
- 2. Name of the applicant:** .....
- 3. Father's Name:** .....
- 4. Husband's Name**  
(In case of a Married female candidate): .....
- 5. Date of Birth**  
(DD/MM/YYYY) &  
Age as on  
Last date of Application: .....
- 6. Nationality:** .....
- 7. Sex- Male/Female:** .....
- 8. Category (SC/ST/OBC/Gen./PH):** .....
- 9. Address for communication:** .....
- ..... Pin Code: .....**
- 10. E-Mail ID:** .....
- 11. Telephone/Mobile No.:** .....
- 12. Last post held/**  
**Name of the office:** .....
- 13. Date of Retirement from**  
**The last Post:** .....

**14. Last Basic Pay:** .....

**15. Educational Qualification:**

S. No.	Exams Passed	Board / University	Year	Division	Percentage (%)	Subject

(Please attach attested photocopies of the testimonials)

**16. Details of Professional/**

**Technical Educational Qualification:** .....

**17. Experience:**

S. No.	Name of organization with address	Post held & Pay Scale	From	To	Experience			Nature of duties (attach experience Certificate)	Whether regular/ad hoc/full-time/Part time
					No. of Years	Months	Total		

(Please use extra sheets if required)

**18. Languages Known:** .....

**19. DECLARATION:**

(i) I hereby declare that I fulfil the eligibility conditions as per the

advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirement mentioned in the advertisement, my candidature/ appointment is liable to be cancelled/terminated.

(ii) I have enclosed the required self-attested copies of the certificate.

(Signature of the applicant)

Place:

Date: