

Please complete this application form carefully. Incomplete or incorrect information may lead to disqualification. Send the filled-in application, along with relevant document copies to the address mentioned in the vacancy advertisement.

Personal Information

Full name:					С	Date of Birth:		
Address:					F	Phone:		
						·mail:		
						mail:		
Gender:	☐ Male ☐ Femal	le 🗆 Oth	er / Prefer	not to say	N	lationality:		
Marital Status								
Dueferue d Me de	.f ()							
Preferred Mode o	of Communication:	⊔ Emai	ıl ⊔ Phone	e Call ⊔ Po	st □ SMS / \	WhatsApp		
Are you willing t	o relocate to any							
Are you willing to relocate to any UPASI TRF Regional Centre (as per organizational need)?								
Application l	nformation							
Position Applied f	for:							
Department / Div	vision (if known):							
Dopartinone, 211								
Advertisement Re	eference Number (if I	known)						
Work Location:								
A - Note that I Allow	an Dadad (Cons.)							
Availability / Notice	ce Period (if any):							
Do you have prior UPASI TRF?	r work experience wit	h	Yes □	No □	If yes, details	5		
Do you have prior related to the pla	r work/research expendation sector?	erience	Yes □	No □	If yes, details	6		

Educational Qualifications

Degree / Qualification	Discipline / Specialization		Institution / Univ	versity	Year of Passing	Percentage / Grade / CGPA	
Wark Eynar	longo						
Work Experi (List in reverse c		der with the most	recent three)				
Organization / I			,				
Job title:	_		_	From:		To:	
Key Responsibi	lities:						
Organization / I	nstitution:						
Job title:				From:	l	То:	
Key Responsibi	lities:						
Organization / I	nstitution:						
Job title:	_			From:		To:	
Key Responsibi	lities:						
Total Years of R	elevant Experie	nce:					
Experience in R	esearch / Labo	ratory Work:	☐ Yes ☐ No				
Technical Skills	and Proficienci	es (if any):					

Certifications and Training

Certification / Course	Issuing Orga	nization	Duration	Year Completed
Publications and Research Work				
Number of Peer-reviewed Publications / Papers / Articles (if any)			Attach copies If ap	plicable
Do you have Books / Book Chapters?	□ Yes □ No		Attach title page copies	If applicable
Any ongoing Research Projects / Proposals?	□ Yes □ No		Attach details If ap	plicable
References				
Please provide two professional or academic /	professional referenc	es who can comr	ment on your suitability for the	e role.
Full name:		Full name:		
Designation:		Designation:		
Phone:		Phone:		
Email:		Email:		
Additional Information				
Languages Known:				
Memberships in Academic / Professional Bodies / Societies, if any?				
Any Prior Association with UPASI or its Member Estates?				
Have you ever been dismissed or asked to resign from employment?	□ Yes □ No	If yes, please explain.		

What motivates you to apply for a position at the UPASI Tea Research Foundation?						
How soon can you	join if selected?					
Declaration &	Signature					
I hereby declare that	at all information provided above is true and complete to epresentation may result in rejection of my application or te	the best of my kermination of emr	knowledge. I understand that any false			
			,			
Name:		D	ate:			
Signature:		PI	ace:			
[For Admin Use Only]						
Application ID:		Date Received:				
Verified By:		Signature:				
Remarks:		Status:	☐ Shortlisted ☐ Rejected ☐ Hold			

 \square Yes \square No

Do you have any relatives currently working in UPASI or associated institutions?