SUGARCANE RESEARCH INSTITUTE APPLICATION FOR THE POST OF PRINCIPAL RESEARCH OFFICER

1.	Personal Details						
	Name in Full						
	Address						
	Date of Birth				National ID No.		
	Sex				Civil Status		
2.	Qualifi	cations					
	Ι	PhD		Year :			
				University :			
				Subject Area:			
	II	MPhil or 1	MSc by	Year :			
		research		University :			
				Subject Area:			
	III MSc		Year :				
				University :			
				Subject Area:			
	IV BSc		Year :				
			University:				
			Subject Area :				
				General/Special :			
				Class Obtained:			
3.	Research Experience						

IPrior to post graduationPeriod FromEmployerPositionIIAfter post graduation by research [MPhil/MSc]Period FromEmployer PositionPositionIIIAfter post graduation by research [MPhil/MSc]Period FromEmployer ToPositionIIIAfter post PeriodPeriod EmployerPosition PositionPosition PositionIIIAfter postPeriodEmployer PeriodPosition	n held Area of research
graduation by research [MPhil/MSc] From To III After post Period Employer Position	<u>n held</u> <u>Area of research</u>
graduation by research [MPhil/MSc] From To III After post Period Employer Position	<u>n held</u> <u>Area of research</u>
graduation by research [MPhil/MSc] From To III After post Period Employer Position	<u>n held</u> <u>Area of research</u>
graduation by research [MPhil/MSc] From To III After post Period Employer Position	n held Area of research
research [MPhil/MSc] From To III After post Period Employer Position	
[MPhil/MSc] From To III After post Period Employer Position	
	n held Area of research
graduation by	
research [PhD] <u>From</u> <u>To</u>	
A Dublications Detents 9 A de (A Res -4, la black ib)	nuhliootif-
4. Publications, Patents & Awards (Applicant should provide copies of evaluation)	publication for
I Research papers	
[Foreign/Refereed]	
II Research papers	
[cited]	
III Books with ISBN	
[>50 pages]	
IV Research papers	
[other	
local/Refereed]	
V Extension Materials	
VI Research papers	
VI Research papers [Non refereed];	
Bulletins &	
conference	
proceedings full	
papers VII Research papers	
[Non refereed];	
conference	
proceedings abstracts	
VIII Research Terminal	

		Reports			
	IX	Patents	Commercia	lized	
			Commercia		
			Others		
	Х	Research Awards	Internationa	ıl	
			Local		
	XI	Scientific		Committee	Period
		Committee			
		representations at			
		national level			
5.	Contril	utions to the Ind	luctry		
5.		butions to the Ind	iusti y		
	Ι	New recommendations			
	II	Revised			
	11	recommendations			
	III	Special National-			
		Level			
		Development			
		activities			
6.	Contra	ct Research & P	eer Recognit	tion	
	Ι	Research grants	Local		
		_			
			. .		
			Foreign		
-	II	Visiting lectures		<u>University</u>	Period
		(attach evidence)			
	III	Editor of Journal	Local		
			Foreign		
			Editorial		
			Statuary		
			Board		
	IV	Member Research	Review Team		
	V	Supervision of	PhD		

		Students		
		Students		
			MPhil	
			MSc	
			NISC	
			BSc	
7.	Knowle	edge on Institute	's	
Recommendations				
0		• • • •		
8.		istrative Experie		
	Ι	Principal Research		
		equivalent capacity	r	
	II	Deputy Director or	equivalent	
		capacity		
9.	Any othe	er relevant compete	ncies	
	J	· · · · · · · · · ·		
10.	Why do	you wish to apply fo	r this nost	
10.	wing do	you wish to apply it	n tins post	
11.	Whether	you have been con	victed by the	
	Courts for any offence.			
	If so give details			
	9			
	1			1

* Please attach the copies of the certificates and relevant documents.

** If space is not sufficient to write the details, submit them as attachment.

I certify that the information given above are true and correct to best of my knowledge.

Signature of the Applicant

Date:

Certification by the Head of the Institute: (Applicable only for the applicants of Government/Semi Government/Corporations and Statutory Board)

I do hereby declare that the applicant, Dr/Mr/Mrs/Miss				
s serving in the post of of the				
Institution/Department from on permanent/temporary/casual basis and he/she can be/cannot be released				
from the service, if he/she will be selected for the post applied.				

Signature of the Head of the Institute/Department with official stamp

Date	:	
Name of certifying officer	:	
Post	:	
Address	:	