

No. 19-4/2009-10/RGRMNH/SWP

Government of India
NATIONAL MUSEUM OF NATURAL HISTORY
(Ministry of Environment & Forests)
Tansen Marg, New Delhi-110 001

Applications are invited for the following post on prescribed application Form. The envelope containing application should be superscribed with the name of the post and should be addressed to the Director, National Museum of Natural History, Tansen Marg, New Delhi-110001. The last date of the receipt of applications will be 60 days from the date of advertisement in the Employment News.

Name of Post	No. of Post	Scale of Pay+ Grade Pay (Rs.)	Upper age-limit	Reservation	Essential Qualification & Experience	Desirable	Initial Posting
Documentation Assistant	1	PB-2 Rs.9300-34800+4200	30 years	UR	i) At least Second Class Master's Degree in Botany, Zoology or Geology from a recognized University or equivalent. ii) Experience of identification, accessioning, registration and cataloguing of Natural History specimens.	Degree or Diploma in Museology of a recognized University or equivalent.	Sawai Madhopur

INSTRUCTIONS AND ADDITIONAL INFORMATION FOR CANDIDATES

1. Self attested photocopies of educational/reservation categories/experience Certificates etc., if any should be enclosed with the application.
2. Upper age limit relaxable for SC, ST (5 Years), OBC (3 Years) and 5 Years for Government Servants.
3. Only those SC/ST candidates who are not employed anywhere will be paid TA for attending interview, if admissible under the rules.

FORMAT OF APPLICATION FORM

1. Advertisement No:
2. Post applied for:
3. Name of the applicant in block letters:
4. Date of Birth:
5. Father's/Husband's Name:
6. Address in full:
7. Nationality:
8. Category to which belongs (SC/ST/OBC) Attach self attested photocopy of certificate:

9. Academic/Technical Qualifications (Beginning with matriculation level) Attached self attested photocopies of certificate:

Sl. No.	Name of Examination	Year of Passing	University/Board	Division/Class	Subjects	% of Marks

10. Experience (Attach self attested photocopies of certificates in support of experience):

Sl. No.	Name of Employer/Organization	Period		Designation	Pay Scale/pay Band	Nature of duties	Reasons for leaving
		From	To				

I solemnly declare that statement made by me in this form is correct to the best of knowledge and belief.

(Signature of the candidate)

Date:
Place: