Application Form: 2025-2026

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FLUID CONTROL RESEARCH INSTITUTE

(An Autonomous R&D Institute under Ministry of Heavy Industries, Govt. of India) Kanjikode West, Palakkad -678 623, Kerala, INDIA.

Phone No: +91-491-2566120, 2566206; Fax: +91-491-2566326; www.fcriindia.com

Email the application to <u>careers@fcriindia.com</u>.

	Post applied for	
	Notification No./ Date	
	Closing Date	
	Please Paste your latest Passport size photograph In the space provided on Right	Photo of Size: 3.5cm x 35 cm
	(JPG File size: 120kb-500kb)	
	Applicant's Email ID	
	Applicant's Mobile No.	
Alte	rnate Mobile / Landline Telephone No.	
1	Name in full (BLOCK letters)	
2	Aadhaar Number	
3	Driving Licence Number (if any)	
4	Passport Number (if any)	
	& Date of Issue	
5	Father's Name	
6	Mother's Name	
7	Full Address for Communication	
8	Permanent Address in Full	
9	Date of Birth (DD/MM/YYYY) &	Date:
	Age (in Years)	Years
10 Sex		Male / Female / Others
11 Marital Status		Married / Unmarried
12 Nationality		INDIAN / Others (please mention)
13	State of domicile	
14	Mother tongue	
15	Religion / Caste	

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16	Whether OBC?	YES / NO
	(Please attach relevant documents in support of the claim)	OBC-Non-Creamy Layer / OBC-Creamy Layer
17	Do you belong to /Scheduled Caste / Scheduled Tribe/EWS? If YES, state whether SC / ST / EWS (Please attach relevant documents in support of the claim)	YES / NO SC / ST / EWS
19	Languages you can: READ WRITE SPEAK Whether there are any criminal cases pending against you? If YES, please provide Case details including Complaint No. / FIR, etc.	1

20. Academic Qualifications: List in the chronological order (latest to oldest)

SI. No.	Qualification [Course & Specialisation]	Institution/ College & University	Peri	iod	Percentage	Remarks
			From	То		
Α						
В						
С						
D						
E						

21. Details of Internships completed

SI. No	Organisation	DATE	DATE	Department	Details about Internship
		From	То		Training
Α					
В					
С					
D					



22. Details of Apprenticeships completed

Sl. No	Organisation	DATE From	DATE To	Department	Details about Apprenticeship
Α					
В					

23. Professional Qualifications, Training / Certifications obtained:

FCRI/ADMN/GEN/01

SI. No	Qualification / Certification	Institution	DATE From	DATE To	Remarks (if any)
А					
В					
С					
D					

24. Details of Academic Project undertaken. Separately list the projects at different levels [Graduate/Diploma level, Post-Graduate Level, Research Scholarship (MS/PhD)]

Project Title	Institution	DATE	DATE	Your Contribution
		From	То	
	Project Title	Project Title Institution		

25. DETAILS OF EXPERIENCE (Including current Appointment)

SI.	DA	ΤE	Employer's Name	Designation	Gross Mo	nthly Salary	Indicate Reason
No.	From	То	& Nature of		Starting	Leaving/	for leaving
			Business			present	
Α							
В							
С							

Application Form : 2025-2026 CONFIDENTIAL FCRI/ADMN/GEN/01

Trainee / Contract Openings



D						
Е						
26	Name					
(a)						
	Address of La	ast employer				
26(B)	Contact deta	ils of Head of	Name:			
	Personnel De	pt / Human	Designation	:		
	Resources De	ept at the Last	Department	t :		
	Employer		Email ID:			
			Mobile/Tele	-		
27		er been discharged/d				
	_	t you for misconduct	or unsatisfac	tory service or i	nvolved in any	court /
	proceedings,	if so give details:				
28	Give TWO RE	FERENCES (not relate	ed to vou) wh	no are well acqu	ainted with vo	our background.
	career, chara		, , ,		,	,
	Name	Designa	tion	Official Addres	s Em	ail ID & Mobile
					nur	nber
а						
b						
29		d to join duty if				
	selected					

30. DETAILS OF YOUR FAMILY MEMBERS:

Member	Name	Nationality	Place of	Occupation	Permanent
			birth		Address
Father					
Mother					

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Spouse					
Brother/Sisters					
31. Details of your current Membership in Professional Bodies / Scientific societies, etc.					

- 32. Check List: [Documents to be attached with Application Form, to be sent by Email]
 - a) This Application Form fully Filled up, Passport size photograph pasted and finally signed. Take a printout and scan to PDF format File. Send the PDF format File by Email.
 - b) Scanned Copy (single PDF File) of Experience Certificates as proof for experience as per Notification
 - c) Scanned Copy of Certificate(s) regarding Qualifications (single PDF File) and Consolidated Marks Card in Qualifying degree.

33. DECLARATION

I hereby certify that the particulars furnished in this Application are true, correct and complete in all respects. I agree and accept without reservation that if at any time, if any of the particulars provided by me is found to be untrue, incorrect and/or incomplete, my engagement at the institute will be terminated without notice.

I also understand that this application or engagement does not provide me any privilege or preferential rights for future employment at FCRI. That this Application is NOT for a Regular Post for present or future opening(s).

I also declare that I will not engage in any political activities or anti-Institute activities within or outside the Institute premises during the period of engagement.

Place:	Signature of Applicant
Date:	

For use of FCRI P&A only

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Trainee / Contract Openings

