राष्ट्रीय कोशिका विज्ञान केन्द्र, पुणे

National Centre For Cell Science, Pune An Autonomous Institute of Department of Biotechnology, Ministry of Science & Technology, Govt. of India NCCS Complex, S. P. Pune University Campus, Ganeshkhind, Pune – 411 007.

Website: http://www.nccs.res.in E-mail: admindept@nccs.res.in Ph:020 25708000

Advertisement No. 2/2022

National Centre for Cell Science, Pune is a premier Autonomous Institution established by the Department of Biotechnology, Ministry of Science & Technology, Government of India, for Research, Development & Training.

NCCS invites applications for the post of Counselor, purely on temporary basis.

1. Counselor : 1(One) Post.

Monthly Consultancy Fees of Rs. 20,000/-.

Candidates should possess Master's degree/Doctorate in psychology with at least one year experience in providing counseling to students/staff of academic research institute.

The Counselor is required to provide consultancy services of 4 hours once in a week either in the morning or in the afternoon. Institute remains closed on all Saturday, Sunday and Government Holidays.

Age Limit : Maximum age limit for applying is upto 50 years.

*Download Application Format from website <u>http://www.nccs.res.in/careers/staff positions</u>. Advertisement in Hindi and Marathi language are posted on our website.

Notes :

- 1. Application in the prescribed format in soft copy (Single PDF and word documents) duly filled in and attested copies of all certificates showing date of birth, qualifications, details of examinations passed, experience, caste certificate, if any, recent passport size photograph and other relevant documents should be sent to <u>admindept@nccs.res.in</u> on or before **07.10.2022.** Please mention the post applied for in subject matter of mail.
- 2. Applications received after the due date and /or without the copies of the required certificates will not be considered. Proof of experience should be submitted along with application.
- 3. The Director, NCCS reserve the right to enhance / reduce the number of posts and also to cancel the recruitment process.
- 4. No interim inquires will be entertained.
- 5. The posts advertised shall be need based without any commitment for its filling.
- 6. Canvassing in any form and / or bringing in any influence will be treated as disqualification for the post.
- 7. The appointment will be for a period of one year and can be extended further, at the discretion of the Director.

NATIONAL CENTRE FOR CELL SCIENCE, PUNE APPLICATION FORM

Affix Photograph here

1	Advertisement No.					
2	Name of the post and its Sr. No.:					
3	Name in full (in block letters)					
4 a)	Postal Address in f (Mandatory field)	full with telephone	No./ Mobile No.			
b)	Permanent Address with telephone No./Mobile No. (Mandatory field)					
c)	E-mail Address					
5	a) Date of Birth dd mm yy			b) Present Age:YearsMonth		
	c) Sex: Male/Female			d) Place of Birth:		
	e) Whether UR/SC/ST/OBC/PWD : If PWD % age of disability			f) Married / Unmarried:		
	g) Nationality :-					
6.	Father's /Husband's Name, Occupation and address (if not alive state last address and occupation)					
ба	Have you been convicted by a Court of Law? Is there legal case filed against you in a Court of Law? If yes, provide details.					
7. Ec	lucational Qualifica	tions –				
Examination passed (SSC onwards)Year of PassingSchool/College Which s			Class / Percentage obtained	Special subjects taken		
S.S.C						
H.S.C						
Graduat	tion					
Post-Gr	aduation					

Specialization	

8. The languages you can	Read :
	Speak :
	Write :

9. Experience							
Name &	Date of		Post held	Scale of	Total	Nature of	Reasons for
Address of the employer	Joining	Leaving		рау	Emoluments	Duties	leaving

10. Preferable Visiting Hours in NCCS	Morning	From	to
	Afternoon	From	to

11. References – (not acceptable from relation) – Give full name & addresses of three referees with e-mail Id and telephone Nos.				
1.	2.			
3.				

12. If selected what notice would you require	
for joining the post:	
13. Any of your relatives working in NCCS? If the answer	
is 'YES' give details such as Name, relation with the	
employee/in which section he/she is working.	
14. Additional information, if any	

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Date:

Place: