

रक्षा मनोवैज्ञानिक अनुसंधान संस्थान
भारत सरकार, रक्षा मंत्रालय
रक्षा अनुसंधान एवं विकास संगठन
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Defence Institute of Psychological Research
Government of India, Ministry of Defence
Defence Research & Development Organisation
Lucknow Road, Timarpur, Delhi – 110054
Tele No. : 011-23933592
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No.0675/JRF/DIPR/ADM/Rectt./2021

Dated: 28 July 2021

**Result of Interviews held from 06th – 10th July 2021
for Selection of JRF & RA (Psychological)**

Ref: Advt. No. 10301/11/0144/2021

Consequent to the Interviews of the shortlisted candidates held from 06th – 10th July 2021 for selection of **Junior Research Fellow & Research Associate**, the recommendations of Selection Board are as under:-

Selected Candidates for JRF

Sir/Smt/Ms

1. Afreen Fatima
2. Shruti Kinger
3. Himani Mendiratta
4. Samkhili P
5. Punyaapriva
6. Akansha Tayal
7. Harsh Vardhan Prashant
8. Tulika Srtivastava
9. Mudita Chaturvedi
10. Sonam Yadav
11. Vibhor Sarathe
12. Tayeba Khatun
13. Alankriti Sharma

Contd.....2

Selected Candidates for RA

Sir/Smt/Ms

1. Shatarupa Chakraborty

You are requested to bring under mentioned documents along with you while reporting to the Lab:-

- (i) Character certificate by two different Gazetted Officers (Specimen Attached).
- (ii) No Objection Certificate/Clearance from present employer, if already employed.
- (iii) Original Certificate of all your degree and Caste Certificates (in case of SC/ST/OBC candidates only).
- (iv) A Medical certificate of fitness for Govt service in the prescribed form (specimen attached) by Civil Surgeon or a District Medical Officer or a Medical Officer of equivalent status.
- (v) Two copies of the attestation form (format enclosed).

If you accept the offer of Junior Research Fellow with the terms and conditions above, you should intimate your acceptance of the offer within 10 days from the date of issue of this letter and should report for the work to the Director, DIPR, Lucknow Road, Timarpur, Delhi-110054 after being declared medically fit, within 30 days of issue of this letter. In case you fail to report for work within the specified date, it will be assumed that you are not interested to take up the Fellowship offered to you and the offer will be treated as cancelled without any further intimation.


(David Walling)
Sr. Admin Officer
For Director

ATTESTATION FORM

“WARNING”

Affix signed
passport size
(5cm&7cm)
approx. Copy of
recent photograph
where asked for.

1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.

2. If detained, convicted, debarred etc. subsequent to the completion of submission of this form, the details should be communicated immediately to the Union Public Service Commission or the authority to whom the Attestation Form has been sent earlier, as the case to be, failing which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated.

1.

Name in full (in block capitals) with aliases, if any (please indicate if you have added or dropped in any stage any part of your name or surname)	SURNAME	NAME

2.

Present Address in full (i.e. Village, Thana and District, or House Number, Lane/Street/Road and Town)	
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3.

(a) Home Address in full (i.e. Village, Thana and District, or House Number, Lane/Street/Road and Town and name of District Headquarters)	
(b) If originally a resident of Pakistan, the address in that country and the date of migration to India Union	

Continue.....

4.

Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e Village, Thana and District or House Number, Lane/Street/Road and Town)	Name of the District Headquarters of the place mentioned in the preceding Column

5.

	Name	Nationality (by birth and/or by domicile)	Place of birth	Occupation (if employed, give designation & official address)	Present Postal Address	Permanent Home Address
(i) Father's Name (in full aliases, if any)						
(ii) Mother						
(iii) Wife/Husband						
(iv) Brother(s)						
(v) Sister (s)						

6.

Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country

Name	Nationality (by birth and/or domicile)	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous column

7.

Nationality	
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8.

(a) Date of Birth	
(b) Present Age	
(c) Age at Matriculation	

9.

(a) Place of birth, District and State in which situated	
(b) District and State to which you belong	
(c) District and State to which your father originally belong	

10.

(a) Your religion	
(b) Are you a member of a Scheduled Caste/Scheduled Tribe? Answer Yes or No and If the answer is Yes, state the name thereof	

Continue.....

11.

Education Qualification showing places of education with years in schools and colleges since 15 th year of age			
Name of School/College with full address	Date of entering	Date of leaving	Examination Passed

11. (a)

Are you holding or have any time held an appointment under the Central or State Government or Semi-Government or a Quasi-Government body, or an autonomous body, or a public undertaking, or a private firm or institution? If so, give full particulars with dates of employment upto date.				
Period		Designation, employments and nature of employment	Full name and address of employer	Reasons for leaving previous service
From	To			

11. (b)

If the previous employment was under the Govt. of India, a State Govt./an undertaking owned or controlled by the Govt. of India or a State Govt./an autonomous body/University/Local Body. If you has left service on giving a month's notice under rule 5 of the Central Civil Services (Temporary Service) Rules, 1965 or any similar corresponding rules were any disciplinary proceedings framed against your, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date before your services actually terminated?

12.

(a) Have you ever been arrested ?	Yes/No
(b) Have you ever been prosecuted ?	Yes/No
(c) Have you ever been kept under detention ?	Yes/No
(d) Have you ever been bound down ?	Yes/No
(e) Have you ever been fined by a Court of Law ?	Yes/No
(f) Have you ever been convicted by a Court of Law for any offence ?	Yes/No
(g) Have you ever been debarred from any examination or rusticated by any University or any other Educational Authority/Institution ?	Yes/No
(h) Have you ever been debarred/disqualified by any Public Service Commission from appearing at its examination selection ?	Yes/No
(i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form ?	Yes/No
(j) Is any case pending against you in any University or any other Educational Authority/Institutional at the time of filling up this Attestation Form ?	
(k) If the answer to any of the above mentioned question is 'Yes', give full particulars of the case/arrest/detention/ fine/ Conviction/ sentence/ punishment etc. and/or the nature of the case pending in the Court/University/ Educational Authority etc. at the time of filling up this Attestation Form.	N/A

Note:

1. Please also see the 'Warning' at the top of this Attestation Form.
2. Specific answers to each of the questions should be given by striking our 'Yes' or 'No' as the case may be.

13.

Name of two responsible persons of your locality or two references to whom you are known with their address	1. 2.
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DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Place:

Date:

Signature of Candidate

IDENTITY CERTIFICATES

(Certificate to be signed by any one of the following)

1. Gazetted officers of Central or State Government.
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/guardian is ordinarily resident.
3. Sub-Divisional Magistrates/Officers.
4. Tehsildars or Naib/Deputy Tehsildars authorized to exercise Magistrate powers.
5. Principal/Head Master of the recognized School/College/Institution where the candidate studied last.
6. Block Development Officer.
7. Post Masters.
8. Panchayat Inspectors.

Certified that I have known Shri/Smt/Kumari _____
son/daughter/wife of Shri _____ for the
last _____ year/years _____ months and that to the best of my knowledge
and belief the particulars furnished by him/her are correct.

Place:

Date:

Signature
(Designation or Status and Address)

TO BE FILLED BY THE OFFICE

1. Name, designation and full address of the appointing authority.
2. Post for which the candidate is being considered.

DECLARATION

1. I, Shri/Smt/Kumari _____ declare
as under: -

- *(i) That I am unmarried/a widower/a widow.
- *(ii) That I am married and have only one spouse living.
- *(iii) That I have entered into or contracted marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- *(iv) that I have entered into or contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from the service.

Place:

Date:

(Signature of the candidate)

***Note:** Please delete clause/clause not applicable.

Continue.....

OATH

You will be required to take oath/affirm in the following forms: -

“I, _____ do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by Law established that I will uphold the sovereignty and integrity of India and that I will carry out the duties of my office loyally, honestly and with impartiality (So help me God) ”.

Place:

Date :

(Signature of the candidate)

CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his Medical Examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below: -

1. State your name in full (in block letters) :
2. State your age and place of birth :
3. (a) Have you ever had small-pox in intermittent or any other fever, enlargement or suppuration of glands, spitting of blood asthma, fainting attacks, rheumatism, appendicitis

OR

- (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment.
4. When were you last vaccinated ? :
5. Have you lost or any of your near relating been afflicted with consumption, scrofula, asthma, fits, epilepsy or insanity ?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Have you been examined and declared unfit for Government service by a Medical Officer, Medical Board within the last three years?
8. Furnishing the following particulars concerning to your family:

Father's age, if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death and state cause of death

Continue...

9.

Mother's age, if living & state of health	Mother's age at death & cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and state cause of death

DECLARATION

I declare all the above answers to be, to the best of my belief, true and correct. I shall also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Signed in my presence

Candidates Signature

(Signature of Medical Officer)

NOTE: The candidate will held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the risk of losing the appointment of forfeiting, all claim to superannuation allowance or gratuity.

SCHEDULE III

(See Rule 8(2))

MEDICAL REPORT ON FITNESS OF CIVILIANS FOR FIELD SERVICE

Sl. No.	Question	Answers	Remarks
1	Are there any evidence of malformation congenital or acquired?		
2	Is he free from scars and has he the full use of all his limbs?		
3	Is there any evidence of acute or chronic disease indicating impairment of health?		
4	Has the candidate been satisfactorily vaccinated within the last five years?		
5	Is the candidate free from communicable disease?		
6	Is there any evidence of disease of the nervous system?		
7	Is the hearing good? Are the ears healthy?		
8	Are the eyes health? Is there any deficient of colour perception? Does the candidate suffer from night blindness?		
9	Is the candidate free from stammer or other serious defection speech?		
10	Are there any signs of disease of the bones, joints or parts connected therewith?		
11	Is there any important affection of the skin?		
12	Are the heart and arteries health? State the blood pressure		
13	Is there any evidence of disease of the respiratory organs?		
14	Is there any evidence of a severe degree of hydrocele, varicocele, varicose veins or haemorrhoids?		
15	Is there any evidence of disease of the digestive organs? Are the teeth seriously decayed or otherwise defective? Is there any evidence of Pherrohoria?		
16	Is the candidate free from hernia?		
17	Is there any evidence of disease of genital organs?		
18	Is the Urine from Albumen, Sugar? Is the Urine otherwise normal?		

Continuc...

19. Visual Acuity: -

	Distant Vision	Near Vision
Right eye	With glasses: _____	Reads: _____
Left eye	With glasses: _____	Reads: _____

20. Height (without Shoes): -

21. Width of Chest: -

(a) After full inspiration

(b) After full expiration

22. Weight :-

23. State whether the candidate is: -

(a) Fit for field service.

(b) Temporarily unfit for field service on account of _____, but fit for service in peace stations.

(c) Permanently unfit for field service on account of _____.

(d) Permanently unfit for service even in peace stations.

NOTE: The categorization should be made with due regard to specific duties which the Government Servant concerned is likely to be called upto to perform.

**Signature & Designation of the Medical
Officer with Office Seal**

Continue...

MEDICAL CERTIFICATE

I do hereby certify that I have examined Shri/Smt/Kumari _____ a candidate for employment in the Ministry of Defence (Research & Development Organisation, New Delhi) and cannot discover that he/she has any disease (communicable for otherwise) constitutional affection, or bodily infirmity except, _____. I do not consider this a disqualification of or employment in the office of the _____.

His age is according to his own statement _____ years and by appearance about _____ years.

Date:

**Signature of the Medical
Officer/Civil Surgeon with Seal**

Signature of Individual:

Certified that the Signature of the individual on the Medical Certificate was obtained in my presence.

Signature of the Medial Officer/Civil Surgeon with Seal