

No.1/3/Rectt. – 2025

Dated: 11.06.2026

NOTICE

Sub: Recruitment of Technician (1) posts, Advt. No. 05/2025 – Reg.

In continuation of Notice dated 24.05.2026 wherein representations were invited from candidates against the published answer keys of Papers I, II & III of Competitive Written Examination of Technician(1) held on 24.05.2026. The representations received were reviewed by the experts and the Final Answer Keys are annexed as **Annexure-I**.

As notified in the advertisement the Competitive Written Examination consists of three papers. Paper II & III were to be evaluated only for those candidates who secure the minimum threshold marks (as determined by the Selection Committee) in Paper-I.

Accordingly, the category-wise minimum threshold marks (%) for qualifying Paper-I determined by the Selection Committee are as follows.

PAPER I- Threshold Marks (%)	
All Categories	40%

The final merit list was prepared only on the basis of the marks obtained by the candidates in Paper- II and Paper- III and as per the recommendations of Selection Committee.

Accordingly, following candidates have been **provisionally selected** for the posts of Technician (I) for the Post Codes- MLTC-02, NSMW-03, PHMC-04 and CAHA-05 advertised vide Advt. No. 05/2025.

Candidates who attended the Competitive Written Examination can view their respective marks by logging into the portal link provided with the Notice.

PROVISIONAL LIST OF SLECTED CANDIDATES

Post Code: MLTC-02 [Medical Lab Technician]

01 post (UR-01)

Sl. No.	Application No.	Roll No.	Name of the candidate
Category : UR			
1.	1201250783	160505	Ms. MUKKAMALA MANASA



Post Code: NSMW-03 [General Nursing/Auxiliary Nursing & Midwife(ANM)
[FEMALE]
01 Post [UR- 01]

Category : UR	
1.	None Found Suitable

Post Code: PHMC-04 (PHARMACY)
01 Post [UR-01]

Category : UR	
1.	None Found Suitable

Post Code: CAHA-05 (Catering & Hospitality, Food & Beverages, Guest House)
03 posts [UR- 02, OBC-01]

Sl. No	Application No.	Roll No.	Name of the candidate	Remarks
Category : UR				
1.	1201251178	190507	Mr. KOLIPAKA KUSHAN KUMAR	OWN MERIT
2.	1201251405	190504	Ms. SANJIYA S M	OWN MERIT
Category : OBC				
1.	1201250005	190503	Mr. SANATHANAM KASHAPURI SAIKIRAN	---

In case, it is detected at any point of time in future, even after appointment, that the candidate is not eligible as per prescribed qualification due to whatever circumstances, his/her candidature/ appointment shall be liable to be cancelled/ terminated as the case may be and no appeal against such cancellation will be entertained.

All the Provisionally Selected candidates as mentioned above are required to submit the following documents to the office (Proformas attached below) **on or before 19.06.2026.**

1. Attestation Forms (3 sets) duly filled in all respects.
2. Character certificate (2 Sets – to be signed by two different Gazetted Officers attested by Sub-Divisional Magistrate.
3. Medical Certificate (Medical examination is to be done at IICT Dispensary only)

SC/ST/OBC/EWS/PwBD category candidates must submit a valid **SC/ST/OBC/EWS /PwBD** certificate at the time of joining. Candidates who are already employed must submit NOC/ duly accepted relieving/resignation certificate from the present employer at the time of joining.

Individual communications will be sent separately.


(P. Shyam Sundar) 11/6/26
Administrative Officer

Copy to:

1. Head, Computer Centre – with a request to host the above on CSIR-IICT website
2. File concerned

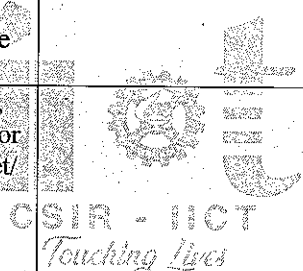
ATTESTATION FORM

Affix Passport size Photograph. This photograph should be attested by the same person who signs the Identity Certificate on Page - 6.

Warning: 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, arrested, prosecuted, bound-down, fined, convicted debarred, acquitted, etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the attestation form has been sent early, 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/her services would be liable to be terminated.

1.	Name in full (in 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 & District, or House Number, Lane/Street/Road and Town)		
3. (a)	Home address in full (i.e., Village, Thana & District, or House Number, Lane/Street/Road and Town and name of District Headquarters.)		
(b)	If originally a resident of Pakistan/Bangladesh (Erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.		

Contd...2

4.	Particulars of places (with periods of residence) 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 Dist. or House No. 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 and Official address	Present postal address (if dead give last address)	Permanent home address
i.	Father (Name in full with aliases, if any)					
ii.	Mother					
iii.	Wife/ Husband					
iv.	Brother (s)					
v.	Sister (s)					

Contd...3

5(a) 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 by domicile	Place of birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous column
6.	Nationality			
7.	Date of Birth			
8.	Place of birth, District and State in which it is situated			
9.	(a) Your religion			
	(b) Are you a member of a Scheduled Caste/ Scheduled Tribe? Answer 'Yes' or 'No'			
10.	Educational qualifications 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		Examination passed	
	Entering	Leaving		

11. (a)	Are you holding or have you any time held an appointment under the Central or State Government or a 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, up-to-date (If space is not sufficient please attach additional sheet)				
	Period		Designation, emoluments and nature of employment	Full name and address of employer	Reasons for leaving previous service
	From	To			
(b)	If the previous employment was under the Government of India or a State Government/and Undertaking owned or controlled by the Government of India or a State Government/an Autonomous Body/University/Local Body.				
	If you had 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 you, 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?			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/Staff Selection Commission for any of its examination/selection?	Yes/No
(i)	Is any case pending against you in any University or any other educational authority/Institution at the time of filling up this attestation form?	Yes/No
(j)	Is any case pending against you in any Court of Law at the time of filling up this attestation form?	Yes/No
(k)	Whether discharged/expelled/withdrawn from any training institution under the Government or otherwise?	Yes/No
If the answer to any of the above mentioned questions 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 form.		
NOTE:	(i) Please also see the 'Warning' at the top of this attestation form. (ii) Specific answers to each of the question should be given by striking out 'Yes' or 'No' as the case may be.	
13.	Names and addresses of two responsible persons of your locality or two references to whom you are known.	1. 2.

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.

Date:

(Signature of the Candidate)

Place:

Identity Certificate

(Certificate to be signed by any of the following)

- i. Gazetted Officers of Central or State Government;
- ii. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/guardian is ordinarily a resident;
- iii. Sub-Divisional Magistrates/Officers;
- iv. Tehsildars or Naib/Deputy Tehsildars authorised to exercise magisterial powers;
- v. Principal/Head-Master of the recognised School/College/Institution where the candidate studied last;
- vi. Block Development Officer;
- vii. Post-Masters;
- viii. Panchayat Inspectors

Certified that I have known Dr./Shri/Smt./Kum. _____

Son/daughter of Shri _____ for the last _____ years

_____ months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

Date:

Signature

Place:

Designation or status and address

to be filled by the Office

Touching Lives

- i) Name, Designation and full address of the appointing authority
- ii) Post for which the candidate is being considered.

Section Officer
CSIR- Indian Institute of Chemical Technology
(Council of Scientific & Industrial Research)
HYDERABAD – 500 007

CERTIFICATE OF CHARACTER

Certified that I have known Shri/Dr./Mrs./Ms. _____
son/daughter of Shri/Dr./Mrs. _____ for the last
_____ years _____ months and that to the best of my knowledge and belief
he/she bears reputable character and has no antecedents which render him/her unsuitable for
Government employment.

Shri/Dr./Mrs./Ms. _____ is/is not related to
me.

Place :

Signature

Date :

Designation
(with seal)



Place :

Signature

Date :

Designation
(with seal)

* To be attested by Stipendiary I Class Executive Magistrate, District Magistrate or Sub-Divisional Magistrate.



CSIR-INDIAN INSTITUTE OF CHEMICAL TECHNOLOGY
(Council of Scientific & Industrial Research)
TARNAKA, UPPAL ROAD, HYDERABAD-500 007
TELANGANA



CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his/ her medical examination and must sign the declaration appended thereto. His/Her 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, intermittent _____
or any other fever, enlargement or suppu-
ration of glands, spitting of blood, asthma, _____
heart disease, lung disease, 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 or any of your near relations been _____
afflicted with consumption, scrofula, gout,
asthma, fits, epilepsy or any other cause? _____
6. Have you suffered from any form of nervous- _____
ness 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. Furnish the following particulars concerning your family:

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

Contd....2

FORM OF MEDICAL CERTIFICATE

I hereby certify that I have examined _____, a candidate for employment in the CSIR-Indian Institute of Chemical Technology, Hyderabad and cannot discover that he/she has any disease (communicable or otherwise) _____, constitutional weakness or bodily infirmity, except _____.

I do not consider this a disqualification for employment in the CSIR-Indian Institute of Chemical Technology, Hyderabad.

The age of Mr./Ms. _____, according to his/her own statement is _____ years _____ months _____ days and by appearance about _____ years.

Signature of Medical Officer _____

Dated: _____

Designation _____

Left hand thumb and finger impressions of the candidate: Mr./Ms. _____

THUMB FORE-FINGER

MIDDLE FINGER RING FINGER LITTLE FINGER

Signature of Candidate _____

Signed in my presence _____

Signature of Medical Officer _____

Designation _____

Date: _____

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

I declare that all the above answers to the best of my belief and knowledge are true.

I solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

 Candidate's Signature _____
 Signed in my presence _____
 Signature of Medical Officer _____
 CSIR-ICR
Touching Lives

Note: The candidate shall be held responsible for the accuracy of the above statement. By wilfully suppressing any information he/she will incur the risk of losing the appointment and, if appointed, or forfeiting all claims to superannuation allowance or gratuity.