

West Bengal Society for Biotechnology

Application Form for the post of Chief Executive Officer, Kolkata Biotech Park

- 1. Name of the Applicant :**
(in BLOCK LETTERS)
- 2. Names of Parents :**
- 3. Nationality :**
- 4. Language(s) known :**
- 5. Date of Birth :**
- 6. Age (as on 01.01.2025) :**
- 7. Permanent address :**
- 8. Address for communication :**
- 9. Contact no. (mobile) :**
- 10. Email address :**
- 11. Present affiliation (if any) :**
 - a) Organisation :**
 - b) Position :**
 - c) Key role :**
- 12. Essential qualifications :**
 - a) Educational: (*self- attested copy of certificates, final mark sheets to be attached*)**

Degree	Year of Passing	Subject(s)	Board/ University	Marks obtained (%)
Awards (if any):				
Notable skill(s) (if any):				
Computer, networking & IT skills:				
Software operational skill(s):				
Top 10 publications (if any) (attach separate sheet)				

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- b) Experience (Academic/Industrial): (*self- attested copy of supporting documents to be attached*)

Organisation	Position	Duration	Key role played
Special achievement (if any):			

13. Desirable: (please attach a separate sheet, if required)

- a) Patent (if any):
- b) Technology developed:
- c) Technology transferred/commercialized:
- d) Entrepreneurial exposure / experience:
- e) Executive experience of running any business incubation facility:
- f) Industry – Academia joint programme / interface organised:
- g) Industrial project implemented:
- h) Skill(s) developed/upgraded during professional experiences:
- i) Extra-curricular activities:

14. Any other information (if felt necessary):

Declaration: I, (full name) son/daughter of
..... of
.....

..... (address) hereby declare that,

- i. I have no Conflict of Interest that would impair my ability as CEO to represent the interests of the DSTBT and to fulfil the corresponding responsibilities.
- ii. I have no criminal/civil case pending against me in any court of law for appropriate legal forum.
- iii. I hereby attach self-attested copies of all testimonials related to the information submitted above.

(Signature)

Date:

Place: