**APPLICATION FORM**

**Post applied for:…Scientist –I (Non-Medica)**

1. Name of the applicant (in full block letters) ………………………………………………………

Scan copy of recent passport size photograph

1. Father’s /Husband’s Name ……………………………………………………………………………....
2. Date of Birth …………………………………………………………………………………………………....
3. Age as on 14.12.2023: …………Years ……………………Months……………………Days………….….....
4. Gender (Male/Female) …………………………………………………………………………………...
5. Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Present Address (with pin code) ………………………………………………………………….....

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1. Permanent address (with pin code) …………………………………………………………………

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1. Email ID ………………………………………………………………………………………………………………
2. Mobile No ………………………………………………………………………………………………………
3. Academic & professional Qualification (Starting From Higher Secondary)\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of the Exam | Board/University /College | Year of Passing | Percentage of Marks |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. Details of experience\* – starting with the current/ most recent one

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Organization Name** | **Designation** | **From** | **To** | **Roles and Responsibility** | **Last Salary Drawn** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Total experience in (in years)………..………………………………………………………….........
2. Knowledge of Statistical skills, Data Analysis and health economics …………………………………

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1. Publications\*:………………………………………………………………………………………………………………..........
2. Any other information …………………………………………………………………………………………………………...

\*Additional information may be provided on separate row/Coolum/sheets.

**DECLARATION**

It is certified that the information provided as above is true & complete in all respects and to the best of my knowledge & Belief. If anything found wrong/Incorrect, my candidature stands cancelled.

(Signature of the Application)

Name…………………………………………………………

Place……………………………………………………………..