|  |
| --- |
|  Affix a recent passport size photograph **(3.5cm x 4.5cm)**  |

**Application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: “**ICMR MYCONET Inpatient Clinical Registry: Establishment of an analytics platform**”**

1. Name in Full: Mr./Miss/Mrs./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IN CAPITAL LETTERS)

1. Address:

(A) for communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) Age as on **19.01.2023** \_\_\_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD) (**copy of certificate duly self-attested must be attached**)

1. Sex: Male Female (Please  the appropriate box)
2. Marital status: Unmarried Married (Please  the appropriate box)

1. Category: SC ST OBC EWS UR

(Please  the appropriate box) **(attach a copy of the community certificate duly self-attested in support of your claim)**

1. Educational Qualification: (**attach self-attested copies of all certificates**)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Sl. No  | Examination Passed  | Year of passing  | Name of the Board/ University  | Class/ % of marks obtained  | Subject(s) taken  | Regular/Distance Education  |
| 1.  | SSLC/Matric  |   |   |   |   |   |
| 2.  | HSC  |   |   |   |   |   |
| 3.  | Degree  |   |   |   |   |   |
| 4.  | P.G  |   |   |   |   |   |
| 5.  | Any Other  |   |   |   |   |   |

8. Previous Service Details: (**attach self-attested copies of all certificates**) (Chronologically starting from the present employer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Employer  | Date of  | Post held  | No. of years’ experience  | Nature of duties  |
| Joining  | Leaving  |
|  |  |  |  |  |  |
|    |   |   |   |   |   |

1. Total experience in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If selected what notice would you require for joining the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Additional Information, if any

**DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

**SIGNATURE OF CANDIDATE**

**DATE:**

**PLACE:**

**CHECK LIST**

Tick whether the self-attested copies of the certificate and other documents in support of the application are enclosed, as given under.

1. Certificate for proof of age :
2. Certificates in support of Educational Qualifications:

|  |
| --- |
|  |

1. Certificate for proof of Experience, if any :