**APPLICATION FORM**

**Post applied for:……………………………………………………..**

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 12.06.2020………… …………………………………………………………………….…..
4. Gender (Male/Female) …………………………………………………………………………………
5. Present Address (with pin code) …………………………………………………………………..

………………………………………………………………………………………………………………………

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

……………………………………………………………………………………………………………………………………………

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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

1. Total experience in Clinical trial (in years)………..…………………………………………………………………
2. Knowledge of computer ……………………………………………………………………………………………………….
3. Publications (if any):……………………………………………………………………………………………………………….
4. Any other information …………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………

**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……………………………………………………………...

Date ……………………………………………………………….