Application Format:

Photo

**“Application for Senior Research Fellow – Clinical Research”**

|  |  |  |
| --- | --- | --- |
| 1. Full Name |  | |
| 1. For which post you want to   Apply? |  | |
| 1. Date of Birth |  | |
| 1. Sex | M/F | |
| 1. Marital Status |  | |
| 1. Nationality |  | |
| 1. Category | SC / ST / DT-A / OBC / EWS /General | |
| 1. Address for Correspondence |  | |
| 1. Mobile Number |  | |
| 1. Email address |  | |
| 1. Academic Record |  | |
| 1. GATE/CSIR/UGC/Other Fellowship Details | Examination Name:  Discipline:  Score:  Appearing Year: | |
| 1. Qualifying Degree: |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Examination  (Mention Specialization wherever applicable) | Name of College/ Board/ University/ Institute with city and state | Year of Passing | Subjects | % of marks/GPA | Remarks/ Distinction/ Division | | SSC |  |  |  |  |  | | HSSC |  |  |  |  |  | | Bachelor’s degree |  |  |  |  |  | | Master’s Degree |  |  |  |  |  | | PhD |  |  |  |  |  | | Any Other |  |  |  |  |  | | | |
| 1. Details of the Interdisciplinary Research Experience |  |  |
|  | Project Title |  |
|  | Duration |  |
|  | Place of Work |  |
|  | Research Area |  |
|  | Mentor / Guide / PI |  |
|  | Description of the project |  |
|  | Contribution to the project (In not more than 5 sentences) |  |
| 1. Please attach a list of publications: |  | |
| 1. Please attach the list of achievements (If any) |  | |
| 1. Working experience (If any) |  | |
| 1. Whether currently employed | Yes / No | |
| 1. Name and Address of three referees along with phone number and email address | 1. Name:   Designation and Affiliation:  Phone Number:  Email:   1. Name:   Designation and Affiliation:  Phone Number:  Email:   1. Name:   Designation and Affiliation:  Phone Number:  Email: | |

**Declaration**

I hereby declare that I have carefully read and understood the instructions and particulars on this application and that all entries in this form as well as in the attached sheets are true to the best of my knowledge and belief.

Date: Signature

Place