

**APPLICATION FORMAT FOR SENIOR RESEARCH OFFICER / SCIENTIST-D
(DEPARTMENT OF MICROBIOLOGY)**

1. Name (In block letters)_____
2. Gender: Male / Female _____
3. Date of Birth _____
4. Marital Status: Married/Unmarried/Others _____
5. Father's/Husband Name _____
6. Mother's Name _____
7. Address (Permanent)_____

- Contact No. & email _____
8. Address for correspondence _____

9. Qualification(s)



Qualification	Board/University	Year of Passing

10. Experience

Sr. no.	Post Held	Institute	Duration		Total
			From	To	

DECLARATION

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application, my candidature is liable to be cancelled/terminated, besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure of fellowship. I shall abide by the terms and conditions as prescribed.

Date:

SIGNATURE OF CANDIDATE

Documents to be attached with application form: Self Certified Copies of:-

1. Proof of date of birth
2. Certificate of qualification (i.e. Graduation & Post-Graduation)
3. Experience Certificates