

FORMAT FOR APPLICATIONFORM

Adv. No.:

Dated:

Research Project Entitled-
"National Program for Surveillance of Viral Hepatitis"

Funding Agency: NCDC, New Delhi

Name of Nodal In-Charge: Dr. Suruchi Shukla

Name of position:

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1. Name of the Candidate(In Capital):
2. Sex(Male/Female):
3. Marital Status (Married/Unmarried):
4. Date of Birth:
5. Age (ason01-08-2023): _____ Years _____ Months _____ Days
6. Name of Father/Spouse:
7. Present/ContactAddress:

8. PermanentAddress:

9. MobileNo:
10. E-mail:
11. Nationality:
12. CategoryGen/SC/ST/OBC/PH:



13. Educational Qualification (10th onward):

Qualification	Subject/Discipline	Board/College/Institute/University	Year of passing	CGPA/ % of marks	Division
10 th					
12 th					
B.Sc/B.Tech					
M.Sc/M.Tech					
Any Other					

14. Any other information:

15.

DECLARATION

I hereby declare that all the statements made in this application are true and complete and nothing has been concealed/distorted, I am aware that, if at any time I am found to have concealed/distorted any material information, my engagement is liable to be summarily terminated without notice.

Place:
Date:

Signature of the Applicant

Enclosures: (Attach self-attested copy of documents)

1. Proof of Date of Birth
2. Marksheets & certificates of all the examination passed
3. Updated Resume