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**Application for the post of "Research Associate"**

|                                                                                                     |                    |            |           |
|-----------------------------------------------------------------------------------------------------|--------------------|------------|-----------|
| Name                                                                                                |                    |            |           |
| Address                                                                                             |                    |            |           |
| Date of Birth                                                                                       |                    |            |           |
| Whether physically handicapped                                                                      |                    |            |           |
| Educational Qualification (from XII <sup>th</sup> Board)                                            |                    |            |           |
| Exam Passed                                                                                         | Board / University | Year       | Marks (%) |
|                                                                                                     |                    |            |           |
|                                                                                                     |                    |            |           |
|                                                                                                     |                    |            |           |
| Work Experience (Relevant experience in tissue culture and Molecular Biology should be highlighted) |                    |            |           |
|                                                                                                     |                    |            |           |
|                                                                                                     |                    |            |           |
|                                                                                                     |                    |            |           |
| Name & Contact details of 2 referees:                                                               |                    |            |           |
|                                                                                                     |                    |            |           |
| Any other information                                                                               |                    |            |           |
| Date:                                                                                               |                    | Signature: |           |
|                                                                                                     |                    |            |           |