



आरोग्यं परमं सुखम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)  
(An Institution of National Importance under Ministry of Health & Family Welfare)  
भारत सरकार / Government of India

PROFORMA APPLICATION FOR SENIOR RESEARCH FELLOW (ICMR SPONSORED PROJECT)

Full Name (In block letters):

Father's Name:

Sex:

Date of Birth & Age:

Correspondence address:

Contact number & Email ID:

Details of academic & technical qualifications:

S.No	Qualifications/Exam passed	Name of university/college	Major subject	Year of passing	% of marks

AFFIX  
PP SIZE  
PHOTO.

Research experience:

No of publications\*:

Present employment (if any):

\*details of publications should be attached separately

**Declaration:**

I hereby declare that the above-mentioned details are true, complete and correct to the best of my knowledge and belief.

Date:

(Signature)

Place:

Deoghar, Jharkhand 814142