



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्यएवंपरिवारकल्याणमंत्रालय, भारतसरकारकेअधीनराष्ट्रीयमहत्वकासंस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

17/C2

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:

Affix recent
passport size photo

Details of academic & technical qualifications:

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

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

