

## Application form

**Post applied -Project Technical Support I/ Project Research Scientist- I (Non-Medical)"for the project entitled "Early Intervention with ow Molecular Weight Heparin (Enoxaparin) for Prevention of Moderate to Severe Acute Pancreatitis: A Double-Blind Placebo Controlled Investigator Initiated Multicenter Randomized Trial"**

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1. Name of the Applicant : \_\_\_\_\_

2. Sex : Male/Female

3. Category : PWD/SC/ ST/OBC/GEN

4. Marital Status : Married/Unmarried

5. Father's /Spouse Name : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Age as on DD/MM/YYYY :

Days	Months	Years

8. Address for : \_\_\_\_\_  
Communication

: \_\_\_\_\_

PIN\_\_\_\_\_.

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

9. Permanent Address : \_\_\_\_\_

• \_\_\_\_\_ PIN\_\_\_\_\_

• \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No.: \_\_\_\_\_

10. Nationality : \_\_\_\_\_

11. Educational Qualification: (Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma			
Degree			
Post- Graduation			
Others			

12. Experience: (Use separate sheet if space is inadequate)

Name of the Organization/Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

12. Current research experience

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13. Any other information you wish to add:

DECLARATION

I, \_\_\_\_\_ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)

Full Name: