



DEPARTMENT OF EVIDENCE SYNTHESIS (DOES)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
DHR-Health Technology Assessment in India (HTAI Centre)

ANNEXURE-II

AIIMS-DEOGHAR
Department of Evidence Synthesis (DOES)

APPLICATION FORM FOR CONTRACTUAL MANPOWER UNDER DHR-HTAI

Post(s) Applied For (✓ Tick the appropriate box(es))

- ☐ Health Economist (Level of Scientist C)
☐ Scientist C (Medical/Non-Medical) / Research Officer

1. Full Name (In block letters):

2. Father's Name:

3. Sex: Marital Status:

4. Date of Birth & Age:

5. Correspondence address:

6. Permanent Address:

7. Contact number:

8. Email ID:

9. Details of academic & technical qualifications* (High School and above. Start from recent):

Affix a
passport size
photo

S.no	Qualification	Board Name/University	Year of passing	Percentage



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10. Details of Work/Research Experience* (After obtaining eligible qualification):

S. No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1.						
2.						
3.						
4.						
5.						

**(Attach the self-attested copies of educational qualifications, work/research experience and publications)*

11. Research experience in Systematic Reviews & Meta-analysis (if none, write Nil): -----

12. No of publications (details of Only SCOPUS or PubMed/MEDLINE indexed papers should be attached separately): -----

13. PMIDs of BEST 2 Systematic Reviews & Meta-analysis: -----

14. Present employment (if any): -----

15. Have you obtained NOC from the present employer: -----

DECLARATION:

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I have enclosed self-attested copies of **Enclosure-1** (Educational Qualifications), **Enclosure-2** (Experience Certificates), **Enclosure-3** (Relevant Publications in Indexed Journals, if applicable), and **Enclosure-4** (NOC from the Present Employer, if applicable). I further declare that I will only send **ONLY the soft copy of my application with all ANNEXURES & ENCLOSURES in SINGLE PDF-FILE** to the Principal Investigator at: seshadri.biochemistry@aiimsdeoghar.edu.in on or before **15.09.2026, 5:00 PM**. Any false information may lead to cancellation of my candidature.

Place: _____

Date: _____

Signature of the Applicant

(Name: _____)