**ANNEXURE-II**

**AIIMS-DEOGHAR**
**Department of Evidence Synthesis (DOES)**

**APPLICATION FORM FOR CONTRACTUAL MANPOWER UNDER DHR–HTAIn**

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

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

Affix a passport size photo

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):

| 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): -----

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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 **05.12.2026**, 5:00 PM. Any false information may lead to cancellation of my candidature.

**Place:** _____ **Date:** _____

**Signature** of the Applicant

(Name: _____)