APPLICATION FOR THE POST OF SENIOR RESEARCH FELLOW

Affix signed copy of your recent passport size photograph

S No	Examination passed and	Board/University	Vear of passing	Marks/Grade/O			
	A SELECTION OF THE PARTY OF THE	<i>S</i>					
8.	8. Academic Qualification (starting from 10 th grade)						
7.	Email address:						
6.	Mobile number/telephone n	number:					
5.	Address for correspondence	e:					
4.	Permanent address:						
3.	Date of birth and age as of	01.05.2024:					
2.	Father's name/Spouse's name	me:					
1.	Name of the Candidate:						

Degree awarded	Board/University	Year of passing	GPA
	Degree awarded	Degree awarded Board/University	Degree awarded Board/University Year of passing

9. Whether qualified National Eligibility Tests- ICAR-NET, CSIR-UGC NET(OR) GATE (OR) Qualified National Level Examinations conducted by Central Government Departments and their Agencies and Institutions DST, DBT, DAE, DOS, DRDO, MHRD, ICAR, ICMR, IIT, IISC, IIJE etc.

YES/NO:

10. If the	answer to question 9 is YES pro	ovide the following det	ails						
a. Exam	ination passed:								
b. Year	b. Year of passing:c. Agency/Organization/Department which conducted the test:								
c. Agen									
11. Resea	11. Research/Work Experience, if any,								
S.No.	Name of the Organization	Position held	From	То					
			Silver Court	Healthal I					
10 P 111		San Balle Avenue		toria di					
12. Public	cations (Total Number), if any:								
13. Any o	other relevant information:		- Free Robert Torre	Middle B					
	D	eclaration							
Ī	hereby declare th	at all statements mad	e in the applic	ation form ar					
	o the best of my knowledge and rect, my candidature/appointment	d belief. In the event of							
Taise of fileor	reet, my candidature/appointme.	in may be cancelled.							
Place:			destribution sta						
			Signature o	of the Applican					
Date:									