



Project: National Liver Disease Biobank (DBT-ILBS Initiative)

APPLICATION FORM

| App | lication for the post o | of _ | | | | | pas | your recent |
|-----|--|-------|---------------------|----------------|----------------|-----|-------------|-------------|
| 1. | Name in block letters | :0 | r./Mr./Ms./Mrs | | | | _ pn | otograph |
| | | | | First | Middle | | | |
| 2. | Gender | : | | (Write 'M' f | or Male; `F' 1 | for | Female) | |
| 3. | Marital Status | : N | larried / Unmar | ried / Widow / | Divorcee | | | |
| 4. | (a) Permanent address | : . | | | | | | |
| | | | | | | | | |
| | | | City/District: | | | | | |
| | | | Pin: | Phone/ | Mob.: | | | |
| | (b) Postal address | : | | | | | | |
| | (For correspondence) | | | | | | | |
| | | | City/District: | | State: | | | |
| | | | Pin: | Pho | one/Mob.: _ | | | |
| | | | Email: | | | | | |
| 5. | Date of birth | : | | | | | | |
| | | | (Plea | se annex docum | nentary evid | end | ce) | |
| 6. | Are you | | | | | | | |
| | (a) A citizen of India by birth | and | or by domicile: | | Yes | | No (|) |
| | (b) Person of Indian origin | : | | | Yes (|) | No (|) |
| | (c) Holding dual citizenship | : | | | Yes (|) | No (|) |
| 7. | Do you belong to any of the following categories : | | | | | | | |
| | (Please annex documentary evidence) | | | | | | | |
| | (i) UR / SC / ST / OBC / Ex : | Servi | ce men : _ | | | | | |
| | (ii) PWD (having 40% or mo | re di | sability) suffering | from: | | | | |
| 8. | Father's/ Husband's name | :_ | | | | | | |
| | | | First | | Middle | | L | ast |

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9. Educational Qualifications (matriculation onwards) (if required, attach extra sheet):

| S. No. | Month & Year | | Name of Degree | Name of Institution | Name |
|-----------|--------------|----|----------------------|---------------------|---------------|
| | From | То | /Diploma/Certificate | and Location | of University |
| | | | | | |
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10. Work Experience (Start from most recent appointment/job) (if require, attach extra sheet):

| S. No. | Organization Name | Date of Joining | Date of Leaving | Position Held | Nature of Job (Temporary/ Permanent /contractual) | Scale of Pay/ Total Emoluments |
|-----------|-------------------|--------------------|--------------------|---------------|--|-----------------------------------|
| | | | | | | |
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| 11.R | 11. References (Name, designation, address and telephone/mobile number): | | | | | | | | |
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Declaration

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the test, interview, and joining, my candidature will stand cancelled and all my claims of the recruitment will stand forfeited.