

ANNEXURE 1: APPLICATION FORM
(To be filled in BLOCK letters ONLY)

Study Title: Implementation and Assessment of an Innovative Tele-Consultation Program Designed for
Local Need-based Cancer Survivorship Care. (ICMR supported Extramural Project)

1. **Name of the Post Applied for:** _____
(Include Sl.No as per the advertisement)
2. **Name of the Applicant:** _____
3. **Father's Name:** _____
2. **Gender (Male / Female/ Other):** _____
3. **Date of Birth (dd/mm/yyyy):** _____
4. **Marital Status (Married/ Unmarried):** _____
5. **Age :** _____ *years* _____ *months* _____ *days*
6. **Nationality:** _____
7. **Address for Communication:** _____

_____ **PINCODE:** _____
8. **Permanent Address:** _____

_____ **PINCODE:** _____
9. **Mobile :** _____ **Email ID :** _____
10. **Whether belongs to SC/ST/OBC:** _____
11. **Have you ever been convicted by a court of law or is there any criminal case / disciplinary action / vigilance enquiry pending against you ? If so, specify:** _____
12. **Fields of Research Experience (if any):** _____

13. **Educational Qualifications: (Enclose self-attested photocopies)**



	Educational Qualification (from SSLC / Matriculation)	Board / University	Mon / Year of Passing	Percent of Marks (or Percentile)	Subject(s)
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Diploma/PG Diploma				
5	Others (specify)				

14. Details of Previous Employment (if any) :

	Employer	Designation	From	To	Duration	Regular / Temporary	Nature of work
1							
2							
3							
4							
5							

15. Reference letters / Testimonials:

A. _____

B. _____

16. Any other relevant information : _____

17. Check List : (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

Certificate in support of age (Tenth equivalent/High School Certificate).....

Degree/Diploma

Experience Certificate.....

Caste certificate (If any).....

Any others (if any).....

Declaration by the Applicant

I,-----hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for the cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization.

Place: _____

Date: _____

(Signature of the Applicant)