

APPLICATION FORM

Application for ICMR - RISE Study – SRF Post,
Department of Cardiology, JIPMER, Puducherry (December 2022)

Name of the Post (1) Senior Research Fellow (SRF)

PHOTO

1. Name in Block letters :
 2. Father/ Husband's Name :
 3. Date of birth : D D M M Y Y Y Y

4. Age :
 5. Sex : Male ☐, Female ☐, Others ☐
 6. Nationality :
 7. **Address** for communication including Pin code, (Write in CAPITAL):

Pincode: _____

Mobile Phone Number: _____

8. **Email Id:** _____

9. **Educational qualifications from matriculation/SSLC** (1 is the most recent degree):

Sl. No	Educational Qualifications	Subject	Marks Obtained	Year of Passing	Name of the College, Board University
1					
2					
3					
4.					

10. **Experience** (1 is the most recent experience):

Sl. No.	Office Address	Post Held	From	To	No. of years and months (Experience)	Regular/ Temporary/ Contract
1						
2						
3						
4						

11. a. Mother Tongue: _____

b. Other Languages known:	Reading	Writing	Speaking
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Why do you think you are the right candidate for the said post (*write briefly in English in own handwriting*)

13. Name, Address, Email ID & Mobile Number of two referees:

14. List of attested copies attached along with application

- | | |
|---|--------------------------|
| 1. Aadhar Card (Identity Proof and Address Proof) | <input type="checkbox"/> |
| 2. Age Proof (Birth Certificate/ 10 th /12 th Certificate with age) | <input type="checkbox"/> |
| 3. Proof of Educational Qualifications (10 th) _____ | <input type="checkbox"/> |
| (HSC) _____ | <input type="checkbox"/> |
| (UG) _____ | <input type="checkbox"/> |
| (PG) _____ | <input type="checkbox"/> |
| 4. Proof of Experiences | <input type="checkbox"/> |
| 5. GCP Certification | <input type="checkbox"/> |
| 6. No Objection Certificate from employer if working as a permanent employee | <input type="checkbox"/> |

15. Declaration

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 cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization.

Place:

Date:

Signature of the Candidate: