

NAME OF THE POST APPLIED FOR:

[illegible]

- [illegible]

- [illegible]

- [illegible]

[illegible]

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7. Knowledge of computer: Yes/No

8. Educational Qualification:-

| Name of the Examination | Subject/ Discipline/ Specialty | University/ College | Year of Passing | Division | Percentage |
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9. Work Experience in Virology/Molecular Techniques if any:-
(Please attach attested copies of experience certificates)

| Sl. No. | Name of the Institute | Name of Post held | Period (Years/Months/Days) | Nature of Work |
|---------|-----------------------|-------------------|----------------------------|----------------|
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I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Date:

Place:

Candidate Name & Signature