



Postgraduate Institute of Medical Education and Research  
Department of Virology  
"COVID-19 Kit validation & QA/QC activity"

Application Form

Duly filled, signed and scanned along with enclosures to minipsingh@gmail.com

Post Applied for : Technical Officer

1. Name of the Applicant (*in full block letters*): \_\_\_\_\_

2. Father's/Guardian's/Husband's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ (*dd/mm/yyyy*)

4. Category: Gen\_\_\_\_\_ SC\_\_\_\_\_ ST\_\_\_\_\_ OBC\_\_\_\_\_  
(\*OBC candidate should provide valid recent OBC certificate)

5. AGE (*as on 08.09.2020*)\*: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_

6. Address for Communication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

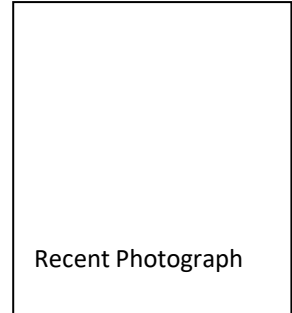
Mobile No \*: \_\_\_\_\_ Email\*: \_\_\_\_\_

\* - Mandatory

7. Educational/Technical Qualifications

(*From 10<sup>th</sup> or equivalent onwards, self-attested copies to be enclosed*):

Examination passed	Year of passing	University/Board	Division/ Class	% of Marks*	Subjects



**8. Experience: (from recent)**

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S.NO	Employer Name	Designation	From	To	Duration	Proof Submitted
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9. List of publications along with impact factor and citations:

10. Other information relevant to the post (*if any*):

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10. DECLARATION: I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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(Signature of the Applicant)

**List of Enclosures:**