

6. Permanent Address:

State:-

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Pin:-

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Contact Number:-

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7. Date of Birth with documentary evidence:

Date	Month	Year

8. Category (please mark✓): UR/ OBC/ SC/ ST

9. Gender:- Male Female

10. Educational Qualification: -

Name of the Examination	Subject/Discipline/Specialty	University/Institute/Collge	Year of Passing final examination	Marks obtained	Percentage

11. Work Experience if any: -

Attach annexure

12. Publications if any: -

Attached annexure

13. Other qualifications such as

JRF/NET/GAT in life science

attached certificate

14. If selected, what period would you require for joining the post: _____

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, and then I shall be liable for action as per rules in force.

Name of Candidate:

Signature _____

Date:

Place: _____