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**Application for the Post of Program Assistant**

Project : project of Central Sector Scheme of Pharmacovigilance of ASU&H

Drugs at Peripheral Pharmacovigilance Centre, SCRU, New Delhi

|  |  |  |
| --- | --- | --- |
|  | Name in full (in CAPITAL letters) (Enter the name as given in Matric/SSLC Certificate. If there is any change in the name, including initials, attach documentary proof) |  |
|  | Gender |  |
|  | Father’s/Husband’s name |  |
|  | Date of birth (as entered in Matric/SSLC/HSC) &  Age as on closing date for receipt of application | \_\_\_\_\_Years\_\_\_\_Months\_\_\_\_Days |
|  | Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable) |  |
|  | Are you a physically challenged person? | Yes/ No |
|  | Address in CAPITAL letter with PIN code  Permanent:  Correspondence: |  |
|  | E-mail Id: (Mandatory) |  |
|  | Mobile/landline phone No.: |  |

10) Educational Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Exam Passed | Board/ University | Years of Passing | % of Marks |
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11) Experiences

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name of the Institution | Name of employment \* | Date of Joining | Date of leaving | Yrs | Months | Days |
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| Total | | | | |  |  |  |

\*Provide certificate of proof in support of your claim

12) Publications – peer reviewed only (Attach separate sheet, if space is not enough)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No | Title of the paper | Name of the Journal | Primary/ co/ corresponding author | Impact factor |
|  |  |  |  |  |
|  |  |  |  |  |

13) Books/ Chapter – (Attach separate sheet, if space is not enough)

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Title of the Book | ISBN/ RNI | Role: Author/ Editor |
|  |  |  |  |
|  |  |  |  |

13) Any Other information – (Attach separate sheet, if space is not enough)

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date: Signature &

Name of the Candidate