

**Application for the post of SRF(Pharmacology)**

**Project Name: “Safety and Anti-hypertensive effect of VAAS-21 tablet in rats”**

Affix a recent Passport

size color Photograph

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| --- | --- | --- |
| 1 | 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) |  |
| 2 | Father’s/Husband’s name |  |
| 3 | Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable) |  |
| 4 | Are you a physically handicapped person? |  |
| 5 | Address in CAPITAL letter with PIN code Permanent: Correspondence: |  |
| 6 | E-mail Id: |  |
| 7 | Mobile/landline phone No.: |  |
| 8 | Date of birth (as entered in Matric/SSLC/HSC):  |  |

P.T.O

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9. Educational Qualifications: (Attach self – attested copies of relevant documents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination Passed  | Name of the Degree/Diploma | Name of the Board/ University  | Division/ Grade/Marks obtained  | Subject(s) (major) / Specialization  | Distinction, if any |
| 10th  |  |  |  |  |  |
| 10+2 or equivalent  |  |  |  |  |  |
| Bachelor’s degree |  |  |  |  |  |
| Master’sdegree |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |
| Any other qualifications |  |  |  |  |  |

10. Experience: (Attach self-attested copies of relevant documents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post Held | Name of the Institution/Organization | DurationFrom………To…………. | Scale of Pay | Nature of duties | Reasons for quitting the service  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

11. Other information, if any: (Enclose separate sheet, if required)

DECLARATION

I declare that all the information provided in the application are true, complete and correct to the best of my knowledge and belief. I also fully understand that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

|  |  |
| --- | --- |
| Place: Date:  | Signature of the Applicant  |