

**BIO-DATA**

1. Name of the Project Post, applied for: \_\_\_\_\_

2. Reservation applied for: \_\_\_\_\_

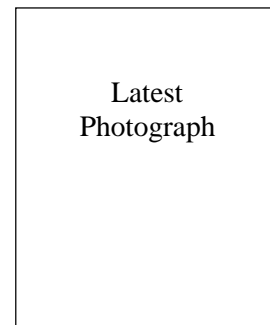
3. Name in full (IN BLOCK LETTERS) :

\_\_\_\_\_  
(First Name) (Middle Name) (Surname/ Last Name)

4. Mother's Name : \_\_\_\_\_

5. Father's Name : \_\_\_\_\_

6. Husband's Name : \_\_\_\_\_



7. Address for Correspondence :

\_\_\_\_\_

8. Tel/Mobile No. \_\_\_\_\_

9. E-mail ID: \_\_\_\_\_

10. Permanent Address: \_\_\_\_\_

11. Date of Birth: 

DD/MM/YYYY		

 Age as on **12.05.2023**: \_\_\_\_\_

12. Whether SC/ST/OBC/General: \_\_\_\_\_ Caste: \_\_\_\_\_

13. Marital Status (Married / Unmarried): \_\_\_\_\_

14. Educational Qualifications : (Certificates in proof of qualifications must be supported)

Sr.No.	Exam. Passed	Grade	Year of Passing	Board/University	Specialization

15. Work Experience (Certificates in proof of experience must be supported)

Sr.No.	From Date	To Date	Scale of pay	Post held	Name of Employer	Reason for leaving


Total relevant experience for suitability to the post applied: \_\_\_\_\_ Years \_\_\_\_\_ Months

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

16. Details of National level exams passed, if any:

Exam Passed	Date of Passing	Valid till

17. Details of research publication (indexed Journal):

Sr No.	Paper published	Title of paper	Year	Volume & Page No.	First Author or Co-Author	Impact Factor	Citations

18. Fellowship /Awards /Membership (ICMR/CSIR/DEBT/DST/UGC/INSA/Other Academy including International)

S.N.	Name of Fellowship/ Award/ Membership	Name of the sponsoring agency	Month/Year	Amount Salary/Month	Name of the Host Institute	For what Public Health Contribution

19. If selected what period would you require joining the post: \_\_\_\_\_

20. Have you ever been declared unfit by a medical Board/Court for appointment in any Government Service? If yes, please furnish details \_\_\_\_\_

21. Any other information you wish to add: \_\_\_\_\_

Declaration:

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date:

Name:

Place:

Signature of the candidate