

ICMR- NATIONAL INSTITUTE OF VIROLOGY, PUNE (Indian Council of Medical Research, New Delhi)

BIO-DATA

Name of the Project:- "Strengthening the capacity for dengue diagnostics and evaluation of most commonly used commercially available dengue point of Care Kits in South East Asia Region (for Indian counterpart) under SEAR-RRP under resource mobilization to SEAR countries (C-1 other charges) a component under PM-ABHIM".

dvertisement I	No.:- 07/NIV/Proj	ect Cell/2024	-25		
Name of the	Project Post, app	lied for:			
Reservation a	Latest				
. Name in full	Photograph				
(First Name)					
. Mother's Na					
. Father's Nan					
. Husband's N					
	Correspondence	:			
. Tel/Mobile N	Jo				
. E-mail ID:					
0.Permanent A	Address:				
1. Date of Birt			-	as on :	
	DD	D/MM/YYY	Y		
2. Whether SC	C/ST/OBC/Gener	al:	Cas	te:	
	~	• •			
3. Marıtal Stat	us (Married / Un	married):			
4. Educational	Qualifications	: (Cer	tificates in pro	oof of qualifications mus	t be supported)
	am. Passed	Grade	Year of	Board/University	Specialization
			Passing		

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 Fellowship/ Award/ Membership	of	Name the sponsori agency	Month/Year	Amount Salary/Month	Name of the Host Institute	For what Public Health Contribution
	Wiembership		agency				

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: Place: Name: Signature of the candidate