

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:

Place:

Name:

Signature of the candidate