

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

BIO-DATA

| Advertisem | ent No.:- 06/ | NIV/Projec | t Cell/2024 | -25 | | |
|-----------------------------------------|----------------------------|------------|-------------|--------------------|------------------------------------------------|----------------|
| | | 0 | | | | |
| 2. Reservat | Latest | | | | | |
| 8. Name in | Photograph | | | | | |
| (First Nar | | | | | | |
| . Mother's 5. Father's 5. Husband | Name | : | | | | |
| 7. Address | for Correspo | ondence | : | | | |
| 9. E-mail I | D: ent Address: | | | Age | e as on : | |
| 12. Whethe | er SC/ST/OE | | ИМ/ҮҮҮ | | ste: | |
| | | | | | | |
| Sr.No. | ional Qualifi Exam. Pas | | Grade | Year of Passing | oof of qualifications must Board/University | Specialization |
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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 |
|--------|-----------|---------|--------------|-----------|---------------------|-----------------------|
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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 | |
|-------------|-----------------|------------|--|
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| | | | |

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 |
|-----------|-----------------|-------------------|------|----------------------|---------------------------------|------------------|-----------|
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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 | | | | |
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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