

DEPARTMENT OF MICROBIOLOGY
सुक्ष्मजिवशास्त्र विभाग
GOVERNMENT MEDICAL COLLEGE, NAGPUR – 440003
शासकीय वैद्यकीय महाविद्यालय, नागपूर.

Note : All the columns and fields must be filled in words with legible hand writing, not by dashes and dots. No column should be left blank. Without changing the serial number, order, columns, the applicant may add rows if he / she thinks the given space is insufficient.

Name of the Post applied for _____

S.No	Particulars		Affix recent passport size Photograph Self attested
1	Full Name in Capital letters: Mr/Miss/Mrs		
2	Father / Husband name		
3	Age / Gender	Age: Gender:	
4	Present Address		
5	Permanent Address		
6	Contact number	Telephone :	
		Mobile number:	
7	E mail address		
8	Date of Birth as per SSC marks card		
9	Marital status (Married/Single)		
10	Nationality		

11	Qualifications (Commencing from Matriculation or equivalent examinations)						
	Examination or Degree passed / University	Subjects taken	Year of pass	No. of attempts	Class / Division	% of marks scored	
12	Any additional qualifications :						
13	Particulars of employment or Work Experience in chronological order						
	Name of the employer & Address	Date of joining	Date of leaving	Nature of work performed / being perform	Salary (excluding allowances) last drawn		
14	Provide additional information on Research experience if any as per format						
	Name of the institute	Name of the project	Funding agency	Level of participation	Duration of project	Duration of participation	
15	Mention here the details of any other information relevant to the application						

Declaration

i) I _____, Son of / Daughter of / Wife of _____, resident of Village/Town/City_____ of District _____ State _____ hereby declare that all the information submitted by me in this application form is correct , true and valid.

ii) I have informed my Head of office / Department in writing that I am applying for this post and shall produce “No Objection” certificate at the time of interview.

Date :Signature of the Candidate

Place :

For Office Use only :	
Checked by - Signature: Name : Department : Date :	Verified by – Signature: Name: Department: Date :
Principal Investigator State level VRDL GMC, Nagpur	Co-Principal Investigator State level VRDL GMC, Nagpur