Jawaharlal Institute of Post Graduate Medical Education and Research
(An Institute of National importance under the Ministry of Health & Family welfare,Government of India)

Department of Microbiology
Indo-UK TB Project

"Validation of host differentially expressed biomarkers of tuberculosis for patent exemplification and PoC diagnostic test development"

Application Form
(Research Scientist)

1. Name of the Applicant (*in block letters*):_____

_____

Paste a recent passport size photo

2.Father's/Mother's/Guardian's Name:_____

_____

3. Date of Birth: _____*(dd/mm/yyyy)*

4. AGE: Years: _____ Months: _____

5. Address for communication: _____

_____

_____

Phone/mobile No: _____ Email: _____

6. Educational Qualifications (*from matriculation onwards, self-attested copies to be enclosed*):

Examination passed	Year of passing	University/Board	Division/ Class	% of Marks*	Subjects

** convert CGPA into percentage*

7. Experience (Post Ph.D Experience)*

S.No	Office Address	Post Held	From	To	No. of years and months (Experience)	Whether regular/temporary

8. List of self-attested testimonials*:

1.

2.

9. List of Publications (Please enclose the reprints):

10. Any other information (if any)

11. DECLARATION: I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place: _____ _____

Date: _____ (Signature of the Applicant)