**Guntur Medical College, Guntur, Andhra Pradesh**

**Application form for the Posts of Research Assistants & Lab technicians**

**Of State Level Viral research & Diagnostic Laboratory(VRDL)**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |
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| 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 | | |
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| 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 |
|  |  |  | | | |  | | |  | | |  | | |  |
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| 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, Guntur | Principal  Guntur medical College  Guntur, AP |