**Annexure I**

**Siddha Clinical Research Unit, New Delhi**

**Application for the post of Research Associate – Siddha (Female)**

1.Name of the applicant in full:

Affix one Passport size color Photograph

(In Block Letters)

2.Father’s/Spouse Name:

3.Community: (SC/ST/OBC/UR)

4.Correspondence Address:  
 (in Block Letter with Pin Code)

5.a. Email Id: (In Capital Letters):

b. Mobile. No:

6.Date of Birth: (Proof should be Enclosed):

7.Educational Qualifications:

(Attach Self – Attested Copies of relevant documents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Name of the Degree** | **Name of the Board/University** | **Division/**  **Grade obtained** | **Subjects/Major**  **Specification** | **Distinction if Any** |
| **Degree** |  |  |  |  |  |
| **Post Graduate** |  |  |  |  |  |
| **Others** |  |  |  |  |  |

8.Experience, if any:

(Attach Self – Attested Copies of relevant documents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Post Held** | **Name of the Deptt./Institution/Organization** | **Duration**  **From … To …** | **Duration**  **(Years & Months)** | **Scale of Pay** | **Nature of Duties** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

9.Particulars of Registration:

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration No.** | **Date of Registration** | **Authority with Whom registered** | **Status of renewal of Registration** |
|  |  |  |  |

10.Particulars of Publications in Indexed Journals,

Magazines, etc. If any:

11.Knowledge of Computer:

12.Other information if any:

I declare that all the information supplied by me, as above, are true, complete and correct to the best of my knowledge and belief. I also undertake that the appointment will not confer any right to claim for continuation or regularization of appointment.

Place:

Date: Signature of the Applicant