Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh National One Health Programme for Prevention and control of Zoonosis (NOHP-PCZ)

Application form for the Post of Assistant Research Officer (ARO)

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: Assistant Research Officer (ARO)

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

11. Qualifications (BSc, MSc or equivalent examinations)						
	Degree Obtained	Subjects taken	No. of attempts	Year of pass	University	% of marks
1						
2						
3						
4						
12	Any additi	onal qualifications:	•			

13	Particulars of employment or Work Experience in chronological order					
	Name of the employer & Address	e Date of joining	Date of leaving	Nature of work p	performed / being	Salary (excluding allowances) last drawn
14	Provide addition	al information	on on Resear	rch experience if an	y as per format:	
15	Name of the institute	Name of the project	Funding agency	Level of participation	Duration of project	Duration of participation
16	Any extramural or Intramural research fund received (attach copy)					,

Declaration

I, Son of/D	Daughter of/ Wife of,
resident of Village/Town/City	of District State
hereby declare that a	all the information submitted by me in this
application form is correct, true and valid.	
Date:	Signature of the Candidate
Place:	
For Office Use only:	
Checked by -	Verified by –
Signature:	Signature:
Name:	Name:
Department:	Department:
Date:	Date:
Principal Investigator	
Nodal officer-NCDC-ISCP	
SVIMS, Tirupati.	
5 v IIvis, Titupau.	