

Sri Venkateswara Institute of Medical Sciences, Tirupati

State Level VRDL, Department of Clinical Virology

Verification form

1. Post applied for: _____
 2. Name of the applicant: _____
 3. Age in completed years: _____
 4. MSc: _____
 5. PhD: _____
 6. Knowledge of computers with **certificate**: _____
 7. Teaching experience : _____ years, _____ months
 8. Research Experience:
 - a. Field of study _____, _____ years, _____ months.
 - b. Field of study _____, _____ years, _____ months.
 - c. Field of study _____, _____ years, _____ months.
 - d. **Total research experience** _____ years, _____ months
 9. Diagnostic Virology experience out of total experience mentioned above:
 - a. Position worked _____, years _____ & months _____.
 - b. Position worked _____, years _____ & months _____.
 - c. Position worked _____, years _____ & months _____.
 10. No. of research publications: Pubmed/SCI indexed _____, other indexed _____.
 11. Current position: _____ salary or fellowship/month _____.
 12. Remarks: _____
-

Signature of the Applicant: _____

Verified by

Name: _____

Name: _____

Signature: _____

Signature: _____