

**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. 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
  8. Diagnostic Virology experience out of total experience mentioned above:
    - a. Position worked \_\_\_\_\_, years \_\_\_\_\_ & months \_\_\_\_\_.
    - b. Position worked \_\_\_\_\_, years \_\_\_\_\_ & months \_\_\_\_\_.
    - c. Position worked \_\_\_\_\_, years \_\_\_\_\_ & months \_\_\_\_\_.
  9. No. of research publications: Pubmed/SCI indexed \_\_\_\_\_, other indexed \_\_\_\_\_.
  10. Current position: \_\_\_\_\_ salary or fellowship/month \_\_\_\_\_.
  11. Remarks: \_\_\_\_\_
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**Signature of the Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **e-mail :** \_\_\_\_\_

**Verified by**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_