

Annexure-1
Sri Venkateswara Institute of Medical Sciences, Tirupati
State Level VRDL, Section of Clinical Virology, Dept. of Microbiology

Verification form

1. Post applied for: **Lab Technician**

2. Name of the applicant: _____

3. Age in completed years: _____

4. Contact details: Mobile no: _____ e-mail id: _____

Recent
passport size
photograph

Relevant
certificate
attached
(Yes/No)

Qualifications:

4. Bachelor Degree: _____

5. Post-graduate degree: _____

6. Any other relevant qualifications: _____

7. Knowledge of computers (certificate as a proof is required) : _____

8. Relevant experience:

Post held : (a) _____ Experience _____ years and _____ months

(b) _____ Experience _____ years and _____ months

(c) _____ Experience _____ years and _____ months

(Yes/No)
(Yes/No)
(Yes/No)

Signature of the Applicant: _____

Verified by

Name: _____

Signature: _____

Name: _____

Signature: _____