

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
DEPARTMENT OF NEUROLOGY**

Project Title: “HTA of National Stroke Care Registry Programme: Development of Hospital Based Stroke Registries in Different Regions of India”

Application form for the Post of Research Associate (RA) (Medical / Paramedical)

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: Research Associate (RA) (Medical / Paramedical)

S.No	Particulars		Affix recent passport size Photograph Self-attested
1	Full Name in Capital letters: Mr/Miss/Mrs.		
2	Father / Husband name		
3	Age/ Gender	Age: Gender:	
4	Address for Communication		
5	Permanent Address		
6	Contact number	Telephone:	
		Mobile number:	
7	Email address		
8	Date of Birth as per 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 scored
1						
2						
3						
4						
12	Any additional qualifications:					

13	Particulars of employment or Work Experience in chronological order					
	Name of the employer & Address	Date of joining	Date of leaving	Nature of work performed/being perform		Salary (excluding allowances) Last drawn
14	Provide additional information on Research experience if any 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 / Daughter of / Wife of _____
resident of Village/Town/City _____ of District _____
State _____ hereby declare that 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- Signature: Name : Department: Date:	Verified by- Signature: Name: Department: Date:
Principal Investigator ICMR-NCDIR funded Hospital-based stroke Registry project SVIMS, Tirupati.	