

Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh
Application form for the Post of Consultant and data entry operator (DEO)
to work in the NCDC Zoonosis Disease project “strengthening of SVIMS as a Regional
coordination center under the Intersectoral coordination Programme”

Note: All the relevant columns and fields must be filled in words, not by dashes and dots.
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 _____

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

11. Qualifications (Bachelor degree, Master's degree, PhD 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)					

17	List of publications in the field of Microbiology as Author or co-author in indexed journals				
Sl.No.	Title	Citation of Journal	Year of publication	Indexed in	Authorship: First/Second/Corresponding/Co author
18	Mention here the details of any other information relevant to the application				

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 State level VRDL VRDL, SVIMS, Tirupati	