



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES: TIRUPATI**  
(A University established by an Act of A.P. State Legislature)  
**TIRUMALA TIRUPATI DEVASTHANAMS**



**State-Level Virus Research and Diagnostic Lab**  
**Department of Clinical Virology**



**BIO-DATA**

1. Name of the Contract Post applied For : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_
3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_
4. Name in full : \_\_\_\_\_  
(Surname) (Name) (Father/Husband)
5. Mother's Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Husband's Name : \_\_\_\_\_
6. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_
7. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
8. Date of Birth : 

DD / MM / YYYY		

  
Age as on 06/09/2021: \_\_\_\_\_ Years \_\_\_\_\_ Months
9. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste: \_\_\_\_\_
10. Whether Physically Handicapped : Yes/No \_\_\_\_\_ If Yes percentage of disability \_\_\_\_\_  
Type of disability \_\_\_\_\_
11. Marital Status : Married / Unmarried/ Divorced/Widow
12. Educational Qualifications (SSC Onwards) (attach additional sheet if required):

SR. NO.	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD/ UNIVERSITY	SPECIALIZATION
1					
2					
3					
4					
5					
6					

13. Work Experience starting from latest (Total Experience \_\_\_\_\_ Years \_\_\_\_\_ Months) :

SR. NO.	PERIOD		POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING
	FROM	TO			
1					
2					
3					
4					

14. Employment Exchange Registration details, [if available]: No.: \_\_\_\_\_ Exchange: \_\_\_\_\_
15. If selected what period would you require joining the post: \_\_\_\_\_
16. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?  
 \_\_\_\_\_ Yes / No \_\_\_\_\_ (If yes, details) \_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

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

Place: \_\_\_\_\_

Signature of the Candidate

Office Use only

All the original documents that support the details mentioned in the application are verified:

Remarks:.....  
 .....  
 .....

Name and signature of the person verifying the documents:.....  
 .....

Interviewer's Remarks.....  
 .....

Name and signature of the interviewer(s): .....  
 .....  
 .....

Date ..... Time.....