

Medical college, Baroda

APPLICATION FORM

**Viral Diagnostic Laboratories Project (ICMR)**

Application form has to be filled in BLOCK LETTER

- 1) Name of candidate:-
- 2) Address of candidate:-
- 3) Temporary address:-

4) Post Applied for:-

5) Telephone No. with code (phone) \_\_\_\_\_ (Mo) \_\_\_\_\_

6) E-mail id:-

7) Date of Birth:- / / Age:- \_\_\_\_\_ Year:- \_\_\_\_\_ Month \_\_\_\_\_

8) Sex:- Male / Female

9) Educational Qualification:-

**Under Graduate**

Branch	Year of Passing	Institute	Attempt	Percentage

**Post Graduate**

Branch	Year of Passing	Institute	Attempt	Percentage

10) Research publication if any:-

11) Detail of Experience:-

Post held	Name of Institution	Work experience		Total Duration (Year , Month)
		From	To	

Undertaking:

I declare that information stated above are true. If above information is found to be false/incorrect. Decision of the selection committee would be final.

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

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

**Signature of Applicant**