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State:-

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Contact Number:-

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7. Date of Birth with documentary evidence:

Date	Month	Year

8. Category: UR/OBC/SC/ST

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9. Gender :- Male Female

10. NET Qualified: Yes/No

11. Educational Qualifications:-

Name of the Examination	Subject/ Discipline/ Specialty	University/ Institute/ College	Year of Passing final examination	Marks Obtained (Percentage)

12. Work Experience if any:-

Attach annexure

Publications if any (only PUBMED indexed journals): Attach annexure

13. If selected what period would you require for joining the post:

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Name of Candidate:

Signature of Candidate:

Date

Place:-