



**APPLICATION FORM**

**SRM MCH&RC/BIRAC/Staff Recruitment/2021-01**



1. Name of the Applicant: \_\_\_\_\_

2. Sex: Male/Female

3. Category: PWD/SC/ ST/OBC/GEN

4. Marital Status: Married/Unmarried

5. Nationality:

6. Father's /Spouse Name: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ DD/MMYYYY

8. Age on 10<sup>th</sup> July 2021: \_\_\_\_\_

9. Address for Communication: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_ PIN \_\_\_\_\_.

Mobile No.: \_\_\_\_\_

Email ID : \_\_\_\_\_

10. Permanent Address: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

Mobile No.: \_\_\_\_\_

11. Educational Qualification:(Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

Degree	Name of the Institution	Name of the Board/ Council/ University	Year of Passing
10 <sup>th</sup>			
12 <sup>th</sup>			



Diploma			
Degree			
Post graduate degree/PhD degree, if any			
Any other			

**12. Research/ Work Experience, if any**

Name of the organisation/ Institution	Job role	Period of experience		Description of work
		From	To	

13. Publication details, if any (for research associate, clinical research coordinators, medical statistician)

14. Any other information you wish to add:

15. Why do you want to apply for this post? (Write in max 250 words)

**DECLARATION**

I, \_\_\_\_\_ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

(Signature of the applicant)

Date: .....