Application form
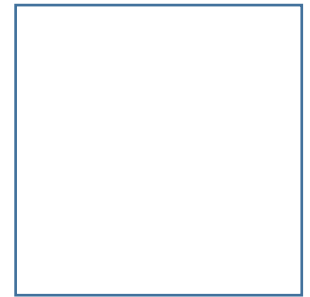## AMR Node
Microbiology department
Government medical college Bhavnagar-364001

1. Name of Post :_____

2. Name of candidate: _____

3. Date Of Birth:_____ age :_____

4. Gender:_____

5. CorrespondentAddress:_____

_____

6. Mobile No:_____   7. Email ID:_____

8. Basic Education Qualification: in chronological order start from graduation

Sr no	Qualification	Name of University/Board	Year of passing	Percentage of marks

9. Details of National Eligibility Tests- CSIR-UGC NET including lectureship (Assistant Professorship) and GATE or National level examinations conducted by central Government Departments and their Agencies and Institutions such DST, DBT, DRDO, MHRD,I CAR ,ICMR, IIT, IISc, IISER etc.

Name of examination	Year of passing	Score

10. Computer course details:

Name of examination/Course	Year of passing	Score

11. Research/laboratory experience :

Name of the post	Name of institute	from	To	Total experience in year

12. Details of Publication:

Sr no	Name of topic	Name of journal

13. Research training (GCP,Statistics/research methodology/Scientific writing skill)

Sr no	Name of training	Date and duration	Name of institute or organisation

I hereby declare that above information provided by me is correct to my knowledge and belief.

Date & Place: Signature of candidate

 Note: self-attested copy of supported document must be attached.