

APPLICATION FORM

Project Title: Establishment of Regional Institute for HIV/STI Surveillance & Epidemiology

Post Applied for:

1. Full name in block letters:
2. Guardian/Spouse Name:
3. Date of Birth:
4. Age:
5. Gender:
6. Permanent Address:
7. Present Address:
8. Contact Number:
9. Email id:

PHOTOGRAPH

10. Details of Qualification:

Sl. No	Degree	% of marks	Year of passing	Board/University

11. Details of experience

Sl. No	Designation	Name of institute	From (date) - To (date)

12. Attach DOB document/ Qualification/Experience/ Any other important info: please attach as annexure

Declaration

I hereby declare that the information given above is true and correct to the best of my knowledge. In the event of any information being found incorrect/false, my candidature/services are liable to be terminated.

Place:

Date:

Signature of the Candidate