# **CENTRE OF BIOMEDICAL RESEARCH**

SGPGI Campus, Raebareilly Road, Lucknow - 226 014, India

	APPLICATION FOR	M FOR FACULTY POSI	TION
	_		
ADVT. NO			
			PLEASE ATTACH
POST APPLIED FOR			·· A RECENT
			PHOTOGRAPH
			HERE
1. NAME IN FULL			
	FAMILY NAME	FIRST NAME	MIDDLE NAME
· · · · ·			
2 NAME OF FATHED			
2. NAME OF FATHER	••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
3. NAME OF MOTHER	••••••	••••••	
4. MAILING ADDRESS			
	STREET	CITY	PINCODE
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	PROVINCE/STATE	С	OUNTRY
	_		
PHONE NO. (with STD code)	E-	MAIL ADDRESS (if any)	
5. PERMANENT ADDRESS (PRINT ONLY IF DIFFERENT	STREET	СІТҮ	PINCODE
FROM ABOVE)	JIRDI		Threedel
PROVINCE/STATE		COUNTRY	
6. COUNTRY OF BIRTH	C	OUNTRY OF CITIZENSHIP	
DAY	MONTH YEAR	IN WI	IOLE NUMBERS COMPLETED
8. SEX	MARITAL STATUS		
		SINGLE/MARRIED/SE	PARATED/DIVORCED/WIDOWED

Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Class /Division Grade	Merit/Prizes Medals won, If Any

## 10 PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession) giving brief description of the award.

NO.	DESCRIPTION

11. Lar	11. Languages Known		12. Teaching / Research Experience
Read	Write	Speak	Total in (years)

13. Details of the Research Papers Published in Referenced Journals (in ollowing order: name of all authors in order as in original publication, name of Journal,	14. Books Published	15. No of Research Projects sanctioned	16. No of dissertation supervised
/ear Published, Vol No., page Nos.) Can also attach as a separate sheet.			Ph.D
National			
nternational			

#### 18. Additional Information.

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### Signature of the applicant

Date.....

Designation.....

Place of work.....

#### **19. PROFESSIONAL EXPERIENCE**

No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE IN YEAR/S MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLU- MENTS

## 20. MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.

NO.	STATUS	NAME	DATE OF MEMBERSHIP

#### 21. MAJOR INTERESTS/HOBBIES/EXTRA-CURRICULAR ACTIVITIES.

#### 22. Name and Recommendation Letters/Testimonials of three referees who can justify your suitability for the post applied.

i) Name of Referee .....

DESIGNATION	ORGANISATION	EMAIL ADDRESS
STREET	CITY	PIN CODE
 PROVINCE/STATE		COUNTRY

ii)	Name of F	Referee		
		DESIGNATION	ORGANISATION	EMAIL ADDRESS
		STREET	CITY	PIN CODE
		PROVINCE/STAFF		COUNTRY
iii)	Name c	of Referee		
		DESIGNATION	ORGANISATION	EMAIL ADDRESS
		STREET	CITY	PIN CODE
		PROVINCE/STAFF		COUNTRY
23.	Present I	Employment		
		DESIGNATION	ORGANISATION	EMAIL ADDRESS
24.	Annual			
25.	How muc		equired, if selected (in months)	

I certify the above particulars submitted are correct and in case they are found the wrong the Institute would be free to take action against me.

Place: Date:

Signature.....

### INSTRUCTIONS TO THE CANDIDATE

This application will not be considered unless the following documents are attached to it or are received separately so as to reach Director CBMR Lucknow on or before the last date fixed for the receipt of applications by Registered /Speed Post OR e-mail: <u>cbmr.admin@cbmr.res.in</u>.

- (i) A certificate of date of birth.
- (ii) If belonging to scheduled caste/scheduled tribe/other backward class/ex-servicemen category etc. a certificate from competent authority in support of the claim.
- (iii) Academic records including an official certification of each degree earned from each Institution of higher learning attended and official transcripts of each examination passed (If the records are not in English / Hindi, a certified English / Hindi translation must be provided)
- (iv) Official certification of distinctions, prizes, medals etc. received.
- (v) Address sheet duly filled.
- (vi) A declaration that the entries made by you in the application are correct to the best of your knowledge and that nothing has been left out by you, intentionally.
- (vii) A non -refundable application fee receipt (print out of online transaction with reference no.) of Rs. 1000.00 in case of applicants within India OR US\$ 100.00 in the case of overseas applicants must attached with application form.
- (viii) The candidate in employment must get their application forwarded through proper channel. However, the advance Copy should reach the Institute within the specified time limit.
- (ix) The application and testimonials from the referees should be addressed to The Director, CBMR, SGPGIMS Campus, Raibareily Road, Lucknow 226 014, UP, India.