

# DAYANAND MEDICAL COLLEGE & HOSPITAL

## LUDHIANA



Application form for post of **Senior Research Fellow** for the **Indian Council of Medical Research (ICMR)** sponsored Project entitled "**Indian Multiple Sclerosis and Allied Demyelinating Disorders Registry and Research Network**".

Paste your recent photograph here

Advt. No. \_\_\_\_\_

Reg. No. \_\_\_\_\_ (to be filled by the Office)

### Personal details

1.	<b>Name</b> (in Capital Letters)	First Name	Middle Name	Surname
2.	<b>Date of birth</b>	Day	Month	Year
3.	<b>Place of birth</b>	City/ Village	State	Country
4.	<b>Father's name</b>			
5.	<b>Mother's name</b>			
6.	<b>Nationality</b>	7. Gender:		
8.	<b>Marital status</b>			
9.	<b>Community/Category</b> (delete those not applicable)			
10.	<b>If physically disabled, indicate the relevant particulars</b>	<b>If applicable, Write 'yes'</b>	<b>Percentage of disability</b>	<b>S.No. of proof enclosed</b>
a. Blindness or low vision :				
b. Hearing impairment				
c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)				

### 11. Educational qualifications (Attach additional pages, if required)

	Name of the course	Name of the Board / University	Month & Year passed	Division	% of Marks	CGPA (if grading is applicable)	Subjects studied	S.No. of proof enclosed
10 <sup>th</sup> Class / equivalent								
10+2 /equivalent								
Bachelor's degree								
Master's degree								
M.Phil. / equivalent								

NET/SLET for lectureship, if any	Subject	Roll No	Year	Position
Any other exam passed				

**12. Publications, if any** (Mention here only numbers. The details and copies of the reprints be appended)

S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor

13. Seminars/ Conferences/ Workshops/ Training programmes, attended.	National (No.)	International (No.)	Total (No.)	S.No. of proof enclosed

**14. Candidate's Name & Address for correspondence :**

		<b>Mailing address</b>		<b>Permanent address</b>	
<b>Name :-</b>					
<b>Complete Address with pin code</b>					
<b>Email:</b>	<b>Phone No.</b> (Landline with STD code)	<b>Mobile No.</b>		<b>Fax No.</b>	

**15. List of self-attested testimonials attached (original to be produced at the time of interview). Please tick ☐ the ones applicable**

- |       |  |                          |
|-------|--|--------------------------|
| i.    | Matriculation marksheet / certificate                                | <input type="checkbox"/> |
| ii.   | Intermediate marksheet / certificate                                 | <input type="checkbox"/> |
| iii.  | B.Sc.(Final) marksheet/ degree                                       | <input type="checkbox"/> |
| iv.   | M.Sc.(Final) marksheet/ degree                                       | <input type="checkbox"/> |
| v.    | M.P.H. degree  | <input type="checkbox"/> |
| vi.   | Ph.D /MD (Social and Preventive Medicine, Medicine, Psychiatry)      | <input type="checkbox"/> |
| vii.  | NET Award Certificate  | <input type="checkbox"/> |
| viii. | UGC-JRF Award Certificate  | <input type="checkbox"/> |
| ix.   | CSIR-JRF Award Certificate   | <input type="checkbox"/> |
| x.    | GATE Award Certificate   | <input type="checkbox"/> |
| xi.   | ICMR-JRF Award Certificate   | <input type="checkbox"/> |
| xii.  | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.) | <input type="checkbox"/> |
| xiii. | Experience certificates  | <input type="checkbox"/> |
| xiv.  | Award (s) /Fellowship (s)  | <input type="checkbox"/> |

xv. Publication (s)

☐

xvi. Other (s)

☐

Total Number of above self-attested testimonials attached \_\_\_\_\_ (in words \_\_\_\_\_)

N.B. Applications without the above self-attested testimonials will not be entertained.

#### 16. Declaration

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.

Signature of the applicant

\*Name as signed (in BLOCK LETTERS)\*Application not signed by the candidate is liable to be rejected.

Date : \_\_\_\_\_

# DAYANAND MEDICAL COLLEGE & HOSPITAL

LUDHIANA



Paste your  
recent passport  
size Photograph  
here

A. Educational qualifications	Name of the course	Name of the Board/ University	Month & Year Passed/Award	Division	% of Marks	CGPA (if applicable)
1. Bachelor's degree						
2. Master's degree						
3. Ph.D. with course work/Ph.D. with M.Phil/Ph.D. with M.Tech/Ph.D. with Pharm/Ph.D with NET or Equivalent						
4. UGC/CSIR/ICAR/GPAT/GATE/ICMR/Equivalent at national level						
a. NET/SLET						
b. NET-JRF/Equivalent						
5. Medals						
a. State Level						
b. National Level						
6. Publications	Published[ISBN / ISSN] (Nos.)	Accepted /In Print(Nos.)	Communicated			
Paper International Journal Indexed in Thomson Reutor						
Paper/Book Chapter National Journal indexed & peer reviewed						
Books published						
Other publications						
7.Seminars/ Conferences/ Workshops/ Training programmes, organized etc.	In India (No.)	Abroad (No.)	Total (No.)			
8.Peer recognition (Fellowship of National/international organizations, editor of national/International journals/ Significant contribution in work place developmental Activities						

Signature of the applicant