## DESERT MEDICINE RESEARCH CENTRE, JODHPUR

APPLICATION FOR THE POST OF						
1. Name in	1. Name in full (in block letters):					
2. Father's	2. Father's/Spouse's Name: Passport Size Photo					
3. Date of Birth (please attach proof) D						
4. Sex	4. Sex					
5. Corresponding Address with Pin code Number:						
Email:						
Telephone No:						
6. Permanent Address with Pin code Number:						
7. Are you a member of SC/ST/OBC/PH						
8. Qualifications (Educational): (In-chronological order starts from higher qualification):						
Exam	Name and	Board/University	Year of	Year of	Marks	Percentage

place of school/Instt./ College	Institution	Entering	Passing	Marks Obtained	Percentage

## 9. Qualification (Professional):

Name & Place	Name of	Name of Course	Duration of	Year of obtaining Certificate
of Instt./College	Affiliated		Course	
	Institution:			
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(Certificate must be attached with the application in support of the above.)

10. Details of Experience (Particulars of all previous and present employment).

Name of the Employer	Date of Joining	Date of Leaving	Total period	Nature of Job

## **Declaration:**

I hereby declare that the information furnished above is true, complete and correct. I understand that in the event of my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancelled/terminated without any notice or without any compensation in lieu thereof.

Enclosures:	
	(Signature of candidate) Name:
Place:	
Date:	