



STATE LEVEL VIRAL RESEARCH & DIAGNOSTIC LABORATORY (SVRDL)
GOVERNMENT MEDICAL COLLEGE & HOSPITAL, NAGPUR
Email- gmcngpsvrdl@gmail.com



Note :All the columns and fields must be filled in words with legible hand writing, not by dashes and dots. No column should be left blank. Without changing the serial number, order, columns, the applicant may add rows if he / she thinks the given space is insufficient.

Name of the Post applied for _____

S.No	Particulars			Affix recent passport size Photograph Self attested
1	Full Name in Capital letters: Mr/Miss/Mrs			
2	Father / Husband name			
3	Age / Gender	Age:	Gender:	
4	Present Address			
5	Permanent Address			
6	Contact number	Telephone :		
		Mobile number:		
7	E mail address			
8	Date of Birth as per SSC marks card			
9	Marital status (Married/Single)			
10	Nationality			

11	Qualifications (Commencing from Matriculation or equivalent examinations)					
	Examination or Degree passed / University	Subjects taken	Year of pass	No. of attempts	Class / Division	% of marks scored
12	Any additional qualifications :					
13	Particulars of employment or Work Experience in chronological order					
	Name of the employer & Address	Date of joining	Date of leaving	Nature of work performed / being perform	Salary (excluding allowances) last drawn	
15	Mention here the details of any other information relevant to the application					

List of enclosures (Attested copies):

1. Date of Birth proof
2. Photo identity proof
3. Higher secondary/Graduation/Post Graduation/Diploma and relevant qualifications.
4. Certificate of experience
5. NOC certificate(from present employer)
6. Any other relevant documents

Declaration

i) I _____, Son of / Daughter of / Wife of _____, resident of Village/Town/City_____ of District _____ State _____ hereby declare that all the information submitted by me in this application form is correct , true and valid.

ii) I have informed my Head of office / Department in writing that I am applying for this post and shall produce “No Objection” certificate at the time of interview.

Date :Signature of the Candidate

Place :

For Office Use only :	
Checked by - Signature: Name : Department : Date :	Verified by – Signature: Name: Department: Date :
Principal Investigator State level VRDL GMC, Nagpur	