

Application Form for the Post of Scientist B (Non-Medical)

A. Personal Information

1. Full Name: _____
2. Father's/Spouse Name: _____
3. Date of Birth: ____/____/____ (DD/MM/YYYY)
4. Age: ____ years ____ months ____ days. (as on advertisement date)
5. Gender: _____
6. Nationality: _____
7. Category: _____
8. Correspondence Address: _____

9. Permanent Address: _____

10. Mobile No.: _____
11. Email ID: _____

B. Essential Qualification

Degree	College/ University/Board	Year of Passing	Percentage/CGPA
M.Sc.			
B.Sc.			
Class XII			
Class X			

C. Experience in years of working in Virology laboratory (with supporting documents):

D. Managing Outbreaks and Epidemics:

Disease/Outbreak	Role/Responsibility	Organization	Brief description of work

E. Desirable Qualification

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PhD in relevant field (Institution/University/Year of completion): _____

Title of PhD Thesis: _____

F. Research & Diagnostic Experience

Organization	Position	Duration	Nature of Work

Total Experience: _____ Years (provide supportive documents)

G. Technical Skills (Tick which one is relevant to you)

- ☐ PCR/qPCR ☐ Multiplex Assays for Molecular Diagnostics ☐ NGS (Illumina)
☐ NGS (Oxford Nanopore) ☐ Bioinformatics/In-silico Analysis ☐ Virus Isolation
☐ Mammalian Cell Culture ☐ Cryopreservation ☐ Cell-based Assays
☐ ELISA ☐ CLIA ☐ IFA
☐ Sanger Sequencing

H. Laboratory Quality Systems (Tick which one is relevant to you)

- ☐ ISO 15189 ☐ NABL ☐ EQAS

I. Publications

Title	Journal name with DOI	Indexing (PubMed/Scopus/Web of Science)	Author Position	Year of publication

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Total Publications: _____

J. Awards/Fellowships

K. Documents Attached (Self-attested Xerox copy)

☐ Class X Marksheet and Certificate ☐ Class XII Marksheet and Certificate ☐ Degree Marksheet and Certificate ☐ M.Sc. Marksheet and Certificate ☐ PhD Certificate ☐ Experience Certificates ☐ Publications (first page only) ☐ Training Certificates ☐ Caste Certificate (in case seeking for age relaxation as per govt. norms)

L. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

Place: _____

Date: _____

Signature of Applicant: _____