**Annexure-1**

**Application form for the engagement of S.R.F/Office Assistant in C.C.R.H funded project on “Management of Otitis Externa in Dog with Homoeopathic intervention vs the standard treatment- Single Blind, Double Arm, randomized control trial”.**

Paste recent Passport size Photograph

|  |  |  |
| --- | --- | --- |
| **1** | **Name** |  |
| **2** | **Father name** |  |
| **3** | **Date of Birth** |  |
| **4** | **Gender** |  |
| **5** | **Age as on Date of Interview** |  |
| **6** | **Marital Status** |  |
| **7** | **Permanent Address**  |  |
| **8** | **Address for communication** |  |
| **9** | **Mobile Number** |  |
| **10** | **E-Mail Address** |  |
| **11** | **Adhar Number** |  |

1. **Details of educational qualification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degree** | **Board/University** | **Major Subject** | **Year of Passing** | **Maximum Marks** | **Marks obtained** | **Percentage** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Details of Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Position held** | **Employer** | **Period** | **Total experience** |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Details of Publications (if any)**

**DECLARATION**

I ………………………………………………… hereby declare that all statements made in the application are true/correct in the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature/ appointment be cancelled without any notice.

**Date & Place Signature**

 **Full Name of the Candidate**