

Institute of Advanced Virology

(An autonomous research institute under the Department of Science & Technology, Government of Kerala)

Bio 360 Life Sciences Park

Thonnakkal, Thiruvananthapuram 695 317, Kerala

APPLICATION FOR SCIENTIST C

(All the fields are mandatory; if there is no information to be furnished, it should be indicated by *N.A./Nil*, as appropriate)

	e of the Department	(Only one cho	pice is permitted)		AFFIX APPLICANT'S RECENT PASSPORT SIZE PHOTOGRAPH
1.	NAME OF THE APPLICANT				
2.	DATE OF BIRTH:		(Please attach I	Proof)	
3.	AGE (as on 01/07/2022)				
4.	GENDER:				
5.	NATIONALITY:				
6.	FATHER'S NAME:				_
7.	PERMANENT ADDRESS:				_
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٥.	POSTAL ADDRESS FOR CO	OMMUNICATION:_			
		-			
9.	LAND TELEPHONE NUMBE	ER (if any):			
10	. MOBILE PHONE NUMBER ((mandatory):			
11	. E-MAIL (mandatory):				

12	DISCIPLINARY AC	EN CONVIC			I OF LAW ENQUIRY			RE ANY AGAIN		YOU? :
	(ANSWER "YES" OR "N	O". IF YES, G	SIVE	E DETAILS. (ATT	 ACH SEPAI	RATE SH	IEET))		
13	. Are you currently em	ployed in	а	permanent Posi	tion (If y	es, attad	ch N	OC from	present	Employer)
	. Applying on deputation / . EDUCATIONAL QUALII SEPARATE SHEET, IF	FICATIONS (ΆΤ							
SI No.	Examination Passed	Specify to		Board/Institute	Year of Passing	% marks	C/C	Subjects stu	ıdied	
				University		GPA/G	ira			
1	Bachelor's degree:									
2	Master's degree									
3	Doctoral Degree									
4	Additional Qualifications									
16	. Details of Experience					1				
SL	Position/Designation held	1	Ins	stitute/Organisati	on		Per	iod		
No.							Froi		То	
1										
3										
4										
17	. Details on Publications:									
SI. No.					publications deta				re you attached ailed List separately s/No)*	
1	First Author Peer-Rev Pubmed/SCI indexed j		arcl	h Publications ir	1					
2	Co-Author Peer-Revie Pubmed/SCI indexed	wed Resea	rch	Publications in	1					

*Detailed list is mandatory. Clearly indicate the First author research publication/s. The details can be given in the order- Authors, Year of publication, Title, Name of the Journal, Volume & page numbers and DOI Number.

Corresponding author publications

Conference presentations (Oral/Poster; as first author

Reviews & book chapters:

3

4

5

only)

18. List of Fellowships, Awards or other recognitions (Attach the details):

SI No.	Fellowship/Awards/Patents/other recognitions	Awarded by	Year of Award	Have you attached detailed list separately (Yes/No)
1				
2				
3				

19. Details of independent project handling

SI No.	Title of the project	Funding Agency	Amount of award	Project status
1				
2				
3				

20. Applicant's self-appraisal on fulfilling eligibility: (*Please indicate Yes / No to each of the given points. If 'Yes', please enclose supporting documents.* Application without supporting documents will be considered as incomplete and will not be considered for short listing)

SI No.	Particulars	Yes/No	Whether supporting documents attached (Yes/No)
1	Age - 37 years as on 01/07/2022 (born on or after 01/07/1985)		
Essei	ntial Qualifications*:		
2	Has a three-year Master's degree in Medical/Dental Sciences (MD/DNB/MDS); or PhD in the subject area of General Microbiology/Medical Microbiology/Biotechnology/Biochemistry/ Virology/Immunology/Structural biology		
3	Has 3 Years research experience after obtaining the qualifying degree in reputed National or International research organizations in the subject area of the department opted, as evidenced by publications		
4	Has first-author original research publications, other than systematic reviews, in the subject area of the department opted by the applicant in Pubmed /SCI indexed peer-reviewed journals of repute		
5	Has attached a reprint of the First author publication/s		
Desir	able Qualifications:		
6	Corresponding author research publication/s in the subject area of the department opted in a reputed peer–reviewed Pubmed/SCI indexed journal/s.		
7	Efficiency in independent project handling as evidenced by completed funded projects		

DECLARATION

I hereby declare that all the information furnished in this application are true and complete to the best of my knowledge and belief. I also understand that if any of the information furnished are found not in order at any time after my appointment, the Institute may initiate disciplinary proceedings against me as per prevailing rules of the Institute.

Date: Name & Signature of the Applicant