

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 E II

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

Advt. N	lo.: IAV/308/HR/2022 Date: 04/07	7/2022	
Choice	of the Department:		
	(Only o	4551V 4551V64417/6	
1.	NAME OF THE APPLICANT:		AFFIX APPLICANT'S RECENT PASSPORT SIZE PHOTOGRAPH
2.	DATE OF BIRTH:	(Please attach Proof)	
3.	AGE (as on 01/07/2022)		
4.	GENDER:		
5.	NATIONALITY:		
6.	FATHER'S NAME:		
7.	PERMANENT ADDRESS:		
8.	POSTAL ADDRESS FOR COMMUN	IICATION:	
9.	LAND TELEPHONE NUMBER (if any):		
10.	MOBILE PHONE NUMBER (mandatory):		
11.	E-MAIL (mandatory):		

12.	HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW OR IS THERE ANY CRIMINAL CASE/ DISCIPLINARY ACTION /									
	VIGILANCE ENQUIRY PENDING AGAINST YOU? :									
	(ANSWER "YES" OR "NO". IF YES, GIVE DETAILS. (ATTACH SEPARATE SHEET)									
13	. Are you currently :		а	permanent Position	(If yes,	attach	NOC	from	present	Employe
14	. Applying on deputat	tion /Direct recruite	mei	nt basis (Specify):						
15.	EDUCATIONAL QUALI NECESSARY	FICATIONS (ATTACH	H C	OPIES OF CERTIFICATES	S / MARK SI	HEETS,	ETC.). A	TTACH	SEPARAT	E SHEET, I
SI No	Examination	Specify t	tho	Board/Institute/	Year of	%	of	Subjec	cts studied	
31140	Passed	qualification	110	University	Passing		rks/CG	Jubjec	วเจ งเนนเซน	
	1 03360	quamouton		Onliversity	i assiriy		/Grade			
1	Bachelor's degree:									
2	Master's degree									
3	Doctoral Degree									
4	Additional Qualifications									
16.	Details of Experien									
SL No	Position/Desig	nation held		Institute/Organis	sation	-			Period	
							Fr	om		То
<u>1</u>										
3			1							
4										
17.	Details of Publication	ons:				1			•	

SI. No.		Number of publications (Attach detailed list separately)	Have you attached detailed list separately (Yes/No)*
1	<u>First Author</u> Peer-Reviewed Research Publications in Pubmed/SCI indexed journals		
2	Co-Author Peer-Reviewed Research Publications in Pubmed/SCI indexed		
3	Corresponding author publications		
4	Reviews & book chapters:		
5	Conference presentations (Oral/Poster; as first author only)		

^{*}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.

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

S I 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 shortlisting**)

SI No	Particulars Age - 45 years as on 01/07/2022(born on or after 01/07/1977)	Yes/No	Whether supporting documents attached (Yes/No)
Essei	ntial Qualifications*:		
2	Three-year Master's degree in Medical/Dental Sciences (MD/MDS); or PhD in the subject area of General Microbiology/Medical Microbiology/ Biotechnology/ Biochemistry/ Virology/Immunology/Public Health/Bioinformatics		
3	10 years research experience after obtaining the qualifying degree in reputed National or International research organizations in Virology or in the subject area of the department opted, <u>as evidenced by publications</u>		
4	Have 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	Have corresponding author research publication(s) in the subject area of the department opted in a reputed peer–reviewed Pubmed/ SCI indexed journals.		
6	Have attached a reprint of the first author publication/s		
7	Proficiency 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