



## 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 SENIOR PRINCIPAL SCIENTIST**

### **(Department of Clinical Virology)**

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

Advt. No: IAV/308/HR/2022 Date: 04/07/2022

1. NAME OF THE APPLICANT: \_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIX APPLICANT'S  
RECENT PASSPORT SIZE  
PHOTOGRAPH**

8. POSTAL ADDRESS FOR COMMUNICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 employed in a permanent Position (If yes, attach NOC from present Employer)*  
: \_\_\_\_\_

14. Applying on deputation /Direct recruitment basis (Specify): \_\_\_\_\_

15. EDUCATIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES / MARK SHEETS, ETC.). ATTACH SEPARATE SHEET, IF NECESSARY

Sl No	Examination Passed	Specify the qualification	Board/Institute/ University	Year of Passing	% of marks/C GPA/Grade	Subjects studied
1	MBBS/BDS					
2	MD/MDS/PhD after MBBS/BDS					
3	Additional Qualifications (Please specify)					

16. Details of Experience

SL No	Position/Designation held	Institute/Organisation	Period	
			From	To
1				
2				
3				
4				

17. Details of Publications:

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

\*Detailed list is mandatory. Clearly indicate the First author and corresponding 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/Patents or other recognitions(Attach the details):

Sl 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

Sl 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**)

Sl No	Particulars	Yes/No	Whether supporting documents attached (Yes/No)
1	Age - 50 years as on 01/07/2022 (born on or after 01/07/1972)		
<b>Essential Qualifications*:</b>			
2	Have MD/MDS; or a PhD after MBBS/BDS		
3	Have 15-year experience in bio-medical research including clinical research in reputed National or international research organizations		
4	Have First-author research publications, other than systematic reviews, in biomedical and clinical research in Pubmed/SCI indexed peer-reviewed journals of repute		
5	Corresponding author research publications in clinical virology in reputed peer-reviewed Pubmed/SCI indexed journals.		
6	Have attached a reprint of the best First author/Corresponding 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 is 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 &amp; Signature of the Applicant