

APPLICATION FORMAT FOR DBT RESEARCH ASSOCIATESHIP IN BIOTECHNOLOGY AND LIFE SCIENCES (NATIONAL & NE)

Note:

- (a) Print/photocopy on both sides of the paper.**
- (b) Application and other documents are accepted in hard copy form only.**
- (c) Applications are accepted against advertisements in February/March and August/September each year. The deadline will be indicated in the advertisements.**
- (d) Applications that do not contain the following documents will be rejected as incomplete.**

1. Name of the Applicant:

2. Date of Birth: Age (years):

3. Contact Details:

3.1 Complete Address for Correspondence (with pincode)

3.2 Email ID (100% necessary):

3.3 Telephone No./ Mobile

4. Educational Qualifications: (In chronological order from Graduation onwards).
Enclose self-attested photocopies of the degree certificates. No other certificates are necessary.

Degree	University/ Institute	Year passing	Subjects	Division/ % marks
BSc/BE/MBBS/ BVSc/B Pharm, etc				
MSc/MTech, etc				
Ph D/MD/MS*				

*If Ph D/MD/MS (Medical) degree certificate is not available, enclose a copy of provisional award certificate/proof of thesis submission certificate from Registrar/Controller of Examinations. Certificate issued from any other authority in this regard is not acceptable.

5. Title of the Ph D/MD/MS (Medical) Thesis:

5.1 Name & Address of Ph.D. Supervisor:

5.2 Brief Synopsis of Ph D/MD/MS (Medical) Thesis (maximum 250 words).

6. List of Research Publications, giving author(s) name, year, title, journal name, volume no., page no. Conference publications are not necessary (Attach reprints of not more than 2 best publications).

7. Details of earlier training/ fellowship (if any) particularly at post Ph D/MD/MS level.

8. Whether employed?

8.1 If yes, then state the nature of Employment/designation/ Temporary/ Permanent. Route your application through proper channel.

8.2 Address of the Institute/University:

9. Title and synopsis of the proposed research work (250 words):

9.1 Proposed place of research:

9.2 Name of the scientist under whom project to be implemented (enclose consent letter from the proposed supervisor).

10. Enclose two letters of recommendation (one should be from thesis supervisor) from professors or employers with whom you've had a close working relationship.

11. Declaration from the candidate that if selected he/she will not relinquish the RAship within 2 years, except for accepting job/fellowship within India.

Place:

Date:

(Signature of Applicant)