Centre of BioMedical Research, Lucknow

Application form for the post of Contractual Consultant

ADVT. NO:CBMR/RCT/002/2	021					
Please tick the name of the p	oost applied for:					
Post Code: M2021C02U	Medical					
Post Code: B2021C02U	Bio-Statistics					
Post Code: GD2021C02U	Graphic Designing					
• Name :						
Date of Birth:						
Gender :	Paste your passport size photo					
Mobile No.:						
• Email ID :						
Address:						
(Please attach self attested copy	of Aadhar card)					
	. —					

• ACADEMIC QUALIFICATIONS: (From matriculation onwards)

Sl. No.	Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Class /Division Grade	Merit/Prizes Medals won, If Any

(Please attach self-attested certificates and mark-sheets all academic qualifications. Certified official transcripts in English/Hindi must be provided, where the official transcripts of the examination passed is not in English/Hindi.

• Details of employment in the chronological order.

PROFESSIONAL EXPERIENCE

(Enclose a separate sheet, if space below is insufficient)

SI No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIE NCE IN YEAR/S MONTH S/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLU- MENTS With Pay Scale

Details of courses/	training programmes	attended, if any:
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- Details of publication, if any:
- Languages known:

Languages	Read	Write	Speak

•	· Additional information, if any, which you would like to mention in support of
,	your suitability for the post. Enclose a separate sheet, if need be:

Date: Place: