APPLICATION FOR THE POSITION IN DBT-BIRAC NATIONAL BIOPHARMA MISSION PROGRAM MANAGEMENT UNIT AT BIRAC

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1.	Name of the Applicant (in Block Letters):						
2.	Father's / Mother's Name:						
3.	Date of Birth (DD/MM/YY):						
4.	Age as on 30.04.2019:				L		
5.	Nationality:						
6.	Marital Status:						
7.	Postal Address (including: Mobile number/Tel/Email ID)						
8.	Permanent address:						
9.	Language Proficiency – state 'good' 'fair' or 'poor'						
	Languages (Specified)		Speak	Read	Read Wr		
	English						
	Hindi						
10.	Educational Qualifications:						
	Name of School/College/Institution /University	Educationa qualification (Graduation	า	Marks obta	ined (%)	Year of passing	
	(Certificate in original will b	e examined	at the time	of interview)			
11.	Details of employment, in o	hronologica	ıl order (star	t from the la	test):		
	Work Experience						

12.	Present	Salary:
TZ.	Present	Salai v.

Employer (including

current employer)

13. If you were previously employed, indicate whether any condition exists that prevents your re-employment:

From

То

Reason for leaving

If yes, provide the name of the previous employing department

Post held

- 14. Write in your own words (not more than 500 words) how do you feel that your experience is relevant to the job profile? How do you feel you can assist the programme in meeting its objectives?
- 15. If you are offered the position, when can you join OR how much notice you need to serve to your current employer.
- 16. Have you applied for any position earlier in BIRAC. If yes, details.
- 17. Have you ever been convicted of a criminal offence or been dismissed from employment?

18. References	28	nces	eren	Ref	18.	1
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Name and occupation	Tel. No./Mobile No./Email

19. Any other relevant information that you may like to furnish

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I declare that all the information given in my application is correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my removal/dismissal if I am appointed.

Place:	
Date:	
Signature:	