

Project: "Strengthening the National Liver Disease Biobank by the establishment of an Add-on COVID-19 Biobank"
(DBT funded)

Application for the post of _____

Paste your recent
passport size
photograph

1. Name in block letters : Dr./Mr./Ms./Mrs. _____
First Middle Last

2. Gender : (Write 'M' for Male; 'F' for Female)

3. Marital Status : Married / Unmarried / Widow / Divorcee

4. (a) Permanent address : _____

City/District: _____ State: _____

Pin: _____ Phone/Mob.: _____

(b) Postal address : _____

(For correspondence) _____

City/District: _____ State: _____

Pin: _____ Phone/Mob.: _____

Email: _____

5. Date of birth : _____

(Please annex documentary evidence)

6. Are you

(a) A citizen of India by birth and or by domicile: Yes () No ()

(b) Person of Indian origin : Yes () No ()

(c) Holding dual citizenship : Yes () No ()

7. Do you belong to any of the following categories :

(Please annex documentary evidence)

(i) UR / SC / ST / OBC / Ex Service men : _____

(ii) PWD (having 40% or more disability) suffering from: _____

8. Father's/ Husband's name : _____

First Middle Last

D-1, Vasant Kunj, New Delhi – 110070

Phone No.: 46300000 Ext. – 24813 & 24814; Email: biobank.ilbs@gmail.com ; Website:
<https://www.ilbs.in>, & <https://www.nldb.in>

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9. Educational Qualifications (matriculation onwards) (if required, attach extra sheet):

| S. No. | Month & Year | | Name of Degree /Diploma/Certificate | Name of Institution and Location | Name of University |
|--------|--------------|----|-------------------------------------|----------------------------------|--------------------|
| | From | To | | | |
| | | | | | |
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10. Work Experience (Start from most recent appointment/job) (if require, attach extra sheet):

| S. No. | Organization Name | Date of Joining | Date of Leaving | Position Held | Nature of Job (Temporary/ Permanent /contractual) | Scale of Pay/ Total Emoluments |
|--------|-------------------|-----------------|-----------------|---------------|---|--------------------------------|
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11. References (Name, designation, address and telephone/mobile number):

- i. _____

- ii. _____

Declaration

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the test, interview, and joining, my candidature will stand cancelled and all my claims of the recruitment will stand forfeited.

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