|  |
| --- |
| *Latest* *Photograph* |

 **I**



 **ICMR-NATIONAL INSTITUTE OF VIROLOGY, PUNE**

**BIO-DATA**

1. Name of the Post applied For : **GRADUATE APPRENTICESHIP (LIBRARY SCIENCE)**

2. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Surname) (Name) (Father/Husband)

3. Name in full (in Devnagari script) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Address for Correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  DD / MM / YYYY |

 7. Date of Birth :

 Age as on 30/09/2024:\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_ Months

8. Whether SC/ST/OBC/General : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Whether Physically Handicapped : Yes/No\_\_\_\_\_\_ If Yes percentage of disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Marital Status : Married / Unmarried/ Divorced/Widow

11. Educational Qualifications (SSC Onwards) (attach additional sheet if required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR.****NO.** | **EXAM PASSED** | **GRADE** | **YEAR OF PASSING** | **BOARD/****UNIVERSITY** | **SPECIALIZATION** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

12. Work Experience starting from latest (Total Experience \_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_Months) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SR.****NO.** | **PERIOD** | **POST HELD &****SCALE OF PAY** | **NAME OF THE****EMPLOYER** | **REASON FOR****LEAVING** |
|  |
| **FROM** | **TO** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

13. Employment Exchange Registration details, [if available]: No.: \_\_\_\_\_\_\_\_\_\_\_\_Exchange: \_\_\_\_\_\_\_\_\_\_\_\_\_

14. If selected what period would you require joining the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?

 Yes / No \_\_\_\_\_\_\_\_ (If yes, details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Candidate