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| TCG Crest | **TCG CREST****CHINTA***Website: www.tcgcrest.org* |  |
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| Application form for the post of **Project Research Scientist-I** sponsored by **ICMR** project, New Delhi, entitled, “***Brain Region-Specific Multi-Omics Analysis of Major Depressive Disorders in the Indian Population Using Human-Induced Pluripotent Stem Cells: Investigating Resilience Factors to Identify Personalized Therapeutic Targets****”* | *Paste your recent photograph here* |
| **Advt. No. 1-2024** Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(to be filled by the Office)*** |
|  |
| ***1.*** | ***Name****(in Capital Letters)* | *First Name* | *Middle Name* | *Surname*  |
|  |  |  |
| ***2.*** | ***Date of birth*** | *Day* | *Month* | *Year* | *Age as on date of advertisement* | *Years* | *Months* |
|  |  |  |  |  |
| ***3.*** | ***Place of birth*** | *City/ Village* | *State* | *Country* |
|  |  |  |
| ***4.*** | ***Father’s name*** |  |
| ***5.*** | ***Mother’s name*** |  |
| ***6.*** | ***Nationality*** |  | ***7. Gender:*** |
| ***8.*** | ***Marital status*** |  |
| ***9.*** | ***Community/Category****(delete those not applicable)* |  |
| ***10.*** | ***If physically disabled, indicate the relevant particulars*** | ***If applicable,*** ***Write ‘yes’*** | ***Percentage of*** ***disability*** | ***S.No. of proof enclosed*** |
| ***a. Blindness or low vision :*** |  |  |  |
| ***b. Hearing impairment*** |  |  |  |
| ***c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped*** |  |  |  |
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| **11. Educational qualifications (Attach additional pages, if required)** |
|  | **Name of the course**  | **Name of the Board / University** | **Month & Year****passed** | **Division** | **% of Marks** | **CGPA**(if grading is applicable) | **Subjects studied** | ***S. No. of proof******enclosed*** |
| 10th Class / equivalent |  |  |  |  |  |  |  |  |
| 10+2 /equivalent |  |  |  |  |  |  |  |  |
| Bachelor’s degree |  |  |  |  |  |  |  |  |
| Master’s degree |  |  |  |  |  |  |  |  |
| M.Phil. / equivalent |  |  |  |  |  |  |  |  |
| NET/SLET for lectureship, if any | **Subject** | **Roll No** | **Year** | **Position** |
|  |  |  |  |
| Any other exam passed |  |  |  |  |

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| **12. Publications, if any** (Mention here only numbers. The details and copies of the reprints be appended) |
| **S No** | **Authors** | **Title of the Paper** | **Journal’s Name & Place of Publication** | **Publication & ISSN**  | **Vol./ Page No/ Year** | **Impact Factor** |
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| **13. Seminars/ Conferences/ Workshops/ Training programmes, attended.** | **National****(No.)** | **International****(No.)** | **Total****(No.)** | ***S.No. of******proof******enclosed*** |
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| **14. Candidate's Name and address for correspondence:** |
|   | **Mailing address** | **Permanent address** |
| **Name:-**  |  |  |
| **Complete Address** **with pin code** |
| **Email:** | **Phone No.** (Landline with STD code) | **Mobile No.** | **Fax No. (if any)** |
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| **15. List of self-attested testimonials attached (original to be produced at the time of interview).** **Please tick 🗸the ones applicable** |

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| 1. Matriculation mark sheet / certificate
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| 1. Intermediate mark sheet / certificate
 |  |  |
|  |  |  |
| 1. B.Sc.(Final) mark sheet/equivalent degree
 |  |  |
|  |  |  |
| 1. M.Sc. Chemistry (Final) mark sheet/ degree
 |  |  |
| 1. M.Phil. Chemistry (if any) degree
 |  |  |
|  |  |  |
| 1. NET, GATE, UGC-JRF, CSIR-JRF
 |  |  |
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| 1. Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.)
 |  |  |
|  |  |  |
| 1. Experience certificates, if any
 |  |  |
| 1. Award (s) /Fellowship (s), if any
 |  |  |
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| 1. Publication (s), if any
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| 1. Other (s)
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Total Number of above self-attested testimonials attached\_\_\_\_\_\_\_\_\_\_\_\_ (in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

N.B. Applications without the above self-attested testimonials will not be entertained.

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| **16. Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_son/daughter of\_\_\_\_\_ \_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct 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 Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University. |
| Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of the applicant\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Name as signed (in BLOCK LETTERS)\*Application not signed by the candidate is liable to be rejected. |