 D. No. 1-121/1, 4th and 5th Floors, Axis Clinicals Building, Miyapur, Hyderabad, Telangana, India - 500 049

Web: www.niab.org.in

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**Admission for**

**Research Scholars Program (Advt. No. RSP-II-2015)**

Affix self-attested recent passport sized photograph

Name :

Father's Name :

Date of Birth :

Email :

Category : SC / ST / PWD / OBC / Ex-Serviceman / Gen / Others

Gender :

Marital Status :

Correspondence Address:

Permanent Address :

Phone :

Are you related to any employee(s) of NIAB? : Yes / No

If yes, give details :

Are you a citizen of India? :

Qualifying Exam : ICAR / BINC / CSIR-UGC NET / DBT / GATE / ICMR / INSPIRE / JEST / UGC NET / UGC R GNF / OTHERS

If others, please specify :

Roll No. :

Date of Passing Exam :

List upto five publications to which candidate has contributed significantly

| **Sl. No.** | **Title of Paper (Year), auth/jou/vol/page(s)** | **Impact Factor** | **Citations** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**ACADEMIC PROFILE**

| **Level** | **Degree** | **Year of Passing** | **Board/University** | **Major Subjects Taken** | **Percentage/CGPA** | **Division** |
| --- | --- | --- | --- | --- | --- | --- |
| **Matriculation/ SSC/ Equivalent\*** |  |  |  |  |  |  |
| **Intermediate/ +Two/ Equivalent** |  |  |  |  |  |  |
| **Graduation** |  |  |  |  |  |  |
| **Post-Graduation** |  |  |  |  |  |  |
| **Any other diploma certificate etc.** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**CAREER PROFILE:**

Details of Research Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | **Post Held** | **Period From** **(Month/Year)** | **Period To (Month/Year)** | **Total Period** | **Permanent/ Temporary** | **Salary & Grade** |
| **No. of Years** | **No. of Months** |
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Details of Professional Recognitions / Awards / Fellowships received (if any):

Total Number of Publications in Standard reviewed journals:

**REFERENCES**

**First**

|  |  |
| --- | --- |
| Full Name |  |
| Designation |  |
| Permanent Address |  |
| State |  |
| PIN Code |  |
| Country |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**Second**

|  |  |
| --- | --- |
| Full Name |  |
| Designation |  |
| Permanent Address |  |
| State |  |
| PIN Code |  |
| Country |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**The following are to be sent along with the application:**

1. Details of work done so far and significant scientific contribution (300 words)
2. Curriculum Vitae
3. Certificate corresponding to qualifying exam
4. Certificate of Date of Birth
5. Certificate(s) of Educational Qualifications
6. Full list of publications and patents

**DECLARATION**I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief: Yes / No

Is the application complete and final? (If No, the application will not be validated)  Yes / No