तमिलनाडु केन्द्रीय विश्वविद्यालय
(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित) CENTRAL UNIVERSITY OF TAMIL NADU
(Established by an Act of Parliament, 2009)
नीलक्कुड़ी परिसर/Neelakudi Campus, कंगलान्चेरी/Kangalancherry,
तिरुवारूर/Thiruvarur-610 101, Tamil Nadu, INDIA

## PROFORMA OF APPLICATION FOR THE POST OF PROJECT ASSISTANT IN SERB PROJECT <br> DEPARTMENT OF LIFE SCIENCES <br> Title of the Project: <br> "The potential use of platelet.......necrosis in platelet disorders".

1. Name of the applicant
2. Father's Name
3. Date of Birth \& Age :
4. Sex
5. Marital Status
6. Nationality
7. Address

Paste your recent photograph here

| Permanent Address | Address for correspondence |
| :---: | :---: |
|  |  |

Phone Number:
E-Mail:
8. Academic Record
(a) GATE/CSIR/UGC National Exam Qualification details with Percent marks/Rank, year of qualifying etc.
(b) Qualifying Examination

| S. <br> No. | Degree | Board/University | Grade/ <br> $\%$ | Subjects | Year of <br> Passing |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
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(c) Details of the project carried out with duration, place of work, area worked on, mentor/guide's name, description of the project and contribution to the project. (if any)
(d) Attach list of publications (if any)
(e) Working Experience (if any)

| S. | Organization Name | Designation | Job <br> No. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |

(f) Experience relevant to the field applied for:
9. Name and addresses of two referees along with phone numbers and E-mail address:

| Name: | Name: |
| :--- | :--- |
| Address: | Address: |
|  |  |
|  |  |
| Phone: | Phone: |
| E-Mail: | E-Mail: |

10. Any other relevant information: (Please attach separate sheet if required)

## Declaration

I hereby declare that I have carefully read and understood the instructions and particulars on this application and that all entries in this form as well as in the attached sheets are true to the best of my knowledge and belief.

Date:
Signature
Place:

