



Vaidyaratnam P.S Varier's
ARYA VAIDYASALA, KOTTAKKAL
Kottakkal (PO), Malappuram, Kerala

Application form for Medical Consultant / JRF/ Technical Assistant

Post Applied for:

Recent Photograph

Personal Details

Full Name (In capital)			
Date of Birth (DD/MM/YY)		Category (General/SC/ST/OBC)	
Age (in years)		Gender (Male/Female)	
Marital Status (Single/Married)		Nationality	
Address for Communication		Permanent Address	
Mobile/ Phone No.		Email:	

Details of School/University/Institute Studied (From Matriculation Onward)

S. No.	Qualification	Discipline	University/Institute	Regular / Part-time	Year	%Marks /CGPA*	Division
1.							
2.							
3.							
4.							
5.							

**[Please also submit copy of the semester-wise mark-sheets as well as copy of degree Certificate]*

Qualifying Examination (GATE/CSIR/UGC/LS-NET/Others) applicable only for the post of JRF

Qualifying Examination (& name of subject)	Branch	Year	Valid Up to	Percentile (& Score)	All India Rank

Professional Experiences (Teaching/Research/Industrial) if any

Name of Organization	Designation	Nature of Work	From	To

Research Publication (if any):

[Also attach copy of conference/journals papers separately (if applicable)]

Awards, patents, prizes etc. (if any):

Any other Relevant Information:

DECLARATION

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute. I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular Department and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

Place :

Date :

Signature of the Applicant