



# St. Johns Medical College Hospital Bangalore

## APPLICATION FORM FOR ICMR FUNDED PROJECT

Prospective evaluation of etiological factors, trajectory of comorbidities and, efficacy and safety of various therapeutic agents among Indian women with Polycystic ovary syndrome (PCOS) A Multicentric ICMR-PCOS Cohort Study Phase II

Recent passport  
size photograph

APPLICATION FOR THE POST OF: \_\_\_\_\_

Advt. Notification No. \_\_\_\_\_ Date \_\_\_\_\_

(To be filled in by the candidate in BLOCK LETTERS)

01. Name: \_\_\_\_\_

02. Fathers/Husbands/Guardians Name: \_\_\_\_\_

03. Permanent Home address: \_\_\_\_\_

\_\_\_\_\_ PIN code \_\_\_\_\_

04. Address for Correspondence \_\_\_\_\_

\_\_\_\_\_ Pin code \_\_\_\_\_

05. D.O.B: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

06. Gender: Male ( ) Female ( ) Marital Status: Married ( ) Unmarried ( )

07. Whether presently employed /working in any project (give details if yes) or not \_\_\_\_\_

08. Contact No: Mobile: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

09. Academic Qualification:  
Under graduation

SNo	course	Name of University/college	Year of passing	No. of Attempts	Total & %age of marks

Post-graduation/Diploma

SNo	course	Subject	Name of University	Year of passing	No. of Attempts	Total & %age of marks

**Doctorate (PhD/MD/DNB/MBBS)**

<b>S No</b>	<b>Subject</b>	<b>Name of University</b>	<b>Title of thesis</b>	<b>Year of passing</b>	<b>No. of Attempts</b>

**Experience**

<b>S. No</b>	<b>Name of Institution</b>	<b>From</b>	<b>To</b>	<b>Total period</b>

**Dated:**

**Signature of the candidate**

## **Declaration by the candidate:**

I hereby declare that:

- (a) The statements made, information furnished in this application form and the enclosure submitted by me are true and correct;
- b) I have not concealed any information and in the event of any of the particulars/information given herein above is found incorrect or false, my candidature for the Interview/entrance examination may be cancelled.
- c) In the event any wrong statement/discrepancy is found at the time of admission or at later stage, my admission/selection may be cancelled.

**Signature of the candidate**

**Date:**

## **Declaration by the Father/Husband/Guardian;**

I have fully read the information furnished by my son/daughter/wife and affirm that it is correct and true to the best of my knowledge. In case the information furnished above is found incorrect P.I shall be at liberty to initiate legal proceedings against him/her. And terminate her appointment from the said project

**Sig. of the candidate's**

**Father/Husband/Guardian**

**Date:**

**Enclosures to be submitted along with this form: (Self attested copies of the following certificates).**

**Tick mark in the box for the enclosed certificate.**

- |  |   |                               |
|--|---|-------------------------------|
| 1. ( ) Degree certificate                    | 2. ( ) Degree certificate/Diploma   |                               |
| 3. ( ) Date of Birth Certificate             | 4. ( ) Marks cards of 10 <sup>th</sup> /12 <sup>th</sup> /BSc/MSc/MBBS/MD |                               |
| 5. ( ) State Subject Certificate Certificate | 6. ( ) Experience certificate   | 7. ( ) MSc degree/ Phd degree |