

(Annexure-1)

Postgraduate Institute of Medical Education and Research

Department of Medical Parasitology

“Multi-centric syndromic surveillance of Acute Febrile Illness (AFI) in North-West India”

Application Form

Post Applied for : _____

**Affix
passport
size photograph**

1. Name of the Applicant (*in full block letters*): _____

2. Father's/Guardian's/Husband's Name: _____

3. Date of birth _____ (dd/mm/yyyy)

4. Category: Gen _____ SC _____ ST _____ OBC _____

*(*OBC candidate should provide valid recent OBC certificate)*

5. AGE (*as on 24/07/2025*): Years: _____ Months: _____ Days: _____

6. Address for Communication:

Mobile No *: _____ **Email*:** _____

*** - Mandatory**

7. Educational/Technical Qualifications

(From 10th or equivalent onwards, self-attested copies to be enclosed):

Examination passed	Year of passing	University/ Board	Division/ Class	% of marks	Subjects

8. Experience: (from recent)

S. No.	From	To	Duration	Proof Submitted

9. List of Publications: Fill the table below and also attach the list.

	National	International
Indexed		
Non Indexed		

11. :

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DECLARATION:

Place: _____

Date: _____

(Signature of the Applicant)

List of Enclosures: