

The Tamil Nadu Dr.M.G.R.Medical University

Department of Epidemiology
69, Anna Salai, Guindy,
Chennai-32
Phone: 044-22200713

Name of the post applied for _____

1.Name in Full: Mr/Miss/Mrs/Dr. _____

(IN CAPITAL LETTERS)

2. Address:(i) Present: _____

(ii) Permanent: _____

(iii) Contact Telephone No. _____ & Mobile No. _____

(iv) E.Mail address : _____

3. Date of Birth: (In words) _____

4. Marital Status: Married/ Un-Married: _____ Nationality: _____

5. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Class or Division	Subject taken	Year of Passing

6. Any, additional qualification may be mentioned here **or on separate sheet.**

7. Total Research Experience with details in each area:

10. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.

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.

Signature of
Candidate

Place:

Date:

Note:-

1. Application received after the closing date for whatever reason is liable to be rejected.
2. In case if any false information is been furnished or that there is suppression of any material information in the application form comes to notice, at any time, during the service of a person, his service would be liable to be terminated.
3. Application not signed by the candidate is liable to be, rejected.