 D. No. 1-121/1, 4th and 5th Floors, Axis Clinicals Building, Miyapur, Hyderabad, Telangana, India - 500 049

Web: www.niab.org.in

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**Admission for**

**Research Scholars Program (Advt. No. RSP 1/2015)**

Affix self-attested recent passport sized photograph

Name :

Father's Name :

Date of Birth :

Email :

Category : SC / ST / PWD / OBC / Ex-Serviceman / Gen / Others

Gender :

Marital Status :

Correspondence Address:

Permanent Address :

Phone :

Are you related to any employee(s) of NIAB? : Yes / No

If yes, give details :

Are you a citizen of India? :

Qualifying Exam : ICAR / BINC / CSIR-UGC NET / DBT / GATE / ICMR / INSPIRE / JEST / UGC NET / UGC R GNF / OTHERS

If others, please specify :

Roll No. :

Date of Passing Exam :

List upto five publications to which candidate has contributed significantly

| **Sl. No.** | **Title of Paper (Year), auth/jou/vol/page(s)** | **Impact Factor** | **Citations** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**ACADEMIC PROFILE**

| **Level** | **Degree** | **Year of Passing** | **Board/University** | **Major Subjects Taken** | **Percentage/CGPA** | **Division** |
| --- | --- | --- | --- | --- | --- | --- |
| **Matriculation/ SSC/ Equivalent\*** |  |  |  |  |  |  |
| **Intermediate/ +Two/ Equivalent** |  |  |  |  |  |  |
| **Graduation** |  |  |  |  |  |  |
| **Post-Graduation** |  |  |  |  |  |  |
| **Any other diploma certificate etc.** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**CAREER PROFILE:**

Details of Research Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | **Post Held** | **Period From** **(Month/Year)** | **Period To (Month/Year)** | **Total Period** | **Permanent/ Temporary** | **Salary & Grade** |
| **No. of Years** | **No. of Months** |
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Details of Professional Recognitions / Awards / Fellowships received (if any):

Total Number of Publications in Standard reviewed journals:

**REFERENCES**

**First**

|  |  |
| --- | --- |
| Full Name |  |
| Designation |  |
| Permanent Address |  |
| State |  |
| PIN Code |  |
| Country |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**Second**

|  |  |
| --- | --- |
| Full Name |  |
| Designation |  |
| Permanent Address |  |
| State |  |
| PIN Code |  |
| Country |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**The following are to be sent along with the application:**

1. Details of work done so far and significant scientific contribution (300 words)
2. Curriculum Vitae
3. Certificate corresponding to qualifying exam
4. Full list of publications and patents

**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: Yes / No

Is the application complete and final? (If No, the application will not be validated)  Yes / No