ANNEXURE-1 APPLICATIONFORM

• Project title: All India Network Project on One health approach on zoonotic diseases (AINP-OH)

Passport size photo

• Name of the post : Young Professional-I

Particul	lare	of the	ann	licant
Particul	IAIS	or me	21111	псань

1	Full name in Capital letters
2	Father's/Husband's Name
3	Date of Birth (DD/MM/YY)
4	Age as on date of advertisement
5	Permanent address with Pincode
6	Address for communication (If Different)
7	Mobile No.
8	E-mail address
9	Gender
10	Marital status

11. Details of educational qualifications (10^{th} onward)

Education	Discipline/ subjects	Board/ university	Institute/ college	Year of passing	Duration of course	Percentage /CGPA obtained

12. Work experience

Sr. No.	Post/position held	Employer	Period(from-to)	Work done/nature of duty
Total Work Experience				

13. Other Certificates if any:

UNDERTAKING

I hereby undertake that the details furnished above are true and correct to best of my knowledge and belied. I will be personally responsible for discrepancies there in.

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1	lacc	٠

Date: