

## rpj;j kUj;Jt kz;ly Muha;r;rp epiyak; Fatu;ghisak;> GJr;Nrhp- 605013.

सिद्ध क्षेत्रीय अनुसन्धान संस्थान (सी.सी.आर.एस., चेन्नई, आयुष मंत्रालय, भारत सरकार के अंतर्गत) चेल्ल पेरूमाल मंदिर गली, कुयवर पलायम, पुदुच्चेरी – 605013. SIDDHA REGIONAL RESEARCH INSTITUTE

(Under C.C.R.S., Chennai, Ministry of AYUSH, Government of India) Chellaperumal Street, Kuyavarpalayam, Puducherry – 605013. Email: rrisiddha@yahoo.co.in, rrisiddha.pon@gov.in Phone: 0413 - 2245072

## **Application for the Post of Senior Research Fellow (Biochemistry/Biotechnology)**

e of the Project:		
Ameliorative Potential of D5 Chooranam in	Streptozotocin	Affix a recent Passport
Induced Diabetic Retinopathy.		size color photograph
		photograph
Name in full (in CAPITAL letters) (Enter the		
name as given in Matric/SSLC Certificate. If		
there is any change in the name, including		
initials, attach documentary proof)		
Father / Spouse Name		
Gender		
Age & Date of hirth (as entered in		
(Enclose a copy of the certificate from the		
Competent Authority, if applicable)		
Are you a physically challenged person?		
If Yes, Please specify:		
Address in CAPITAL letter with PIN code		
Permanent:		
Correspondence:		
E mail Ide		
	Ameliorative Potential of D5 Chooranam in Induced Diabetic Retinopathy.  Name in full (in CAPITAL letters) (Enter the name as given in Matric/SSLC Certificate. If there is any change in the name, including initials, attach documentary proof)  Father / Spouse Name  Gender  Age & Date of birth (as entered in Matric/SSLC/HSC)  Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable)  Are you a physically challenged person?  If Yes, Please specify:  Address in CAPITAL letter with PIN code  Permanent:	Ameliorative Potential of D5 Chooranam in Streptozotocin Induced Diabetic Retinopathy.  Name in full (in CAPITAL letters) (Enter the name as given in Matric/SSLC Certificate. If there is any change in the name, including initials, attach documentary proof)  Father / Spouse Name  Gender  Age & Date of birth (as entered in Matric/SSLC/HSC)  Whether belongs to SC/ST/OBC/UR (Enclose a copy of the certificate from the Competent Authority, if applicable)  Are you a physically challenged person?  If Yes, Please specify:  Address in CAPITAL letter with PIN code  Permanent:  Correspondence:

Passo	ed	Name of the Degree/ Diploma	Name of the /University l		Grade obtained	Subject(s (major) / Specializat	/   i	tinction, if any
10 <sup>th</sup>	1	<u>Japania</u>						
10+2 equiva								
Bachel degre								
Maste degre	r's							
Any ot qualifica								
Post Name of the Held Institution/Organization		I	Duration FromTo		Scale of Pay/ Consolidated Pay/ Remuneration	Nature of duties	Reasons for quitting the service	
12. Deta	ils of pre	vious worki	ng Experience	(if any): (A	Attach sep	arate sheet, if s	pace is not	t enough)
12. Deta	•		ng Experience ne project	(if any): (A	Attach sep  Duratio		pace is not  Outcom	
	•			(if any): (A				

Mobile/landline phone No.:

13. Publications if any, (Attach copies as PDF)

S.No.	Author	Title	Journal Name	Year	Impact factor	ISSN No.

- 14. Any computer knowledge & skill and internet applications. (Give details)
- 15. Other information, if any: (Enclose separate sheet, if required)

**N.B:** Please attach separate sheets, wherever required.

## **DECLARATION**

I declare that all the information provided in the application are true, complete and correct to the best of my knowledge and belief. I also fully understand that if, it is found that any attempt has been made by me to willfully conceal or misrepresent the facts at any stage later, my candidature may be summarily rejected or employment is liable for termination.

Place:	
Date:	Signature of the Applican