



**Jawaharlal Institute of Post Graduate Medical Education and Research**  
An Institute of National importance under the Ministry of Health & Family welfare,  
Government of India

**Department of Microbiology**

**ICMR – AMR Surveillance Network PROJECT**

“Comparative whole genome sequencing and transcriptome analysis of vancomycin sensitive, vancomycin intermediate and heteroresistant vancomycin intermediate Staphylococcus aureus (VSSA, VISA and hVISA)”

**Application Form**

**Post Applied for:** \_\_\_\_\_

1. Name of the Applicant (*in block letters*): \_\_\_\_\_

2. Father's/Mother's/Guardian's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ (*dd/mm/yyyy*)

4. AGE: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_ days: \_\_\_\_\_ (*as on 12-04-2023*)

5. Address for communication: \_\_\_\_\_

Phone/mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

6. Educational Qualifications (*from 10<sup>th</sup> or equivalent onwards, self-attested copies to be enclosed*):

| Examination passed | Year of passing | University/Board | Division/Class | % of Marks* | Subjects |
|--------------------|-----------------|------------------|----------------|-------------|----------|
|                    |                 |                  |                |             |          |
|                    |                 |                  |                |             |          |
|                    |                 |                  |                |             |          |
|                    |                 |                  |                |             |          |

\* convert CGPA into percentage

Paste a self-attested recent passport size photo

7. Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Current/most recent employment (*if any*):

Designation: \_\_\_\_\_

Period: (*from*) \_\_\_\_\_ (*to*) \_\_\_\_\_ (*mm/yyyy*)

9. Other information relevant to the post (*if any*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. DECLARATION: I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Applicant)

List of Enclosures:-