

**APPLICATION FORM FOR POSTGRADUATE CERTIFICATE COURSE IN INFECTIOUS DISEASE MODELING**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES NAGPUR**



Advertisement No.		Please attach recent passportsize photo
Applied for:		

Personal Details (in Block Letters)

1. FULL NAME	
--------------	--

2. Father's /Husband's Name	
--------------------------------	--

3. Address for Corresponden ce	
--------------------------------------	--

4. Permanent Address	
----------------------	--

5. E-mail Id (In capital letters)	
--------------------------------------	--

6. Mobile No.1	
Mobile No.2	
Land Line No.	

7. Date of Birth (Please attachdocument for evidence) (DD/MM/YYYY)		8. Nationality	
		9. Name of the State to which you belong	
10. Gender (Male / Female)			

11. Examination (Attach marksheet/Pass certificate)	Month, Year of Passing	University/Board/Council	Marks secured (%)
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS/BDS/Graduation			
MD/MS/MDS/DNB/MPH/ Any Other PG			
DM/MCh			
Any other			

12. Details of work experience:

Name of the organization (Attach proof of each)	Period of service		Designation	Nature of duties	Reason for leaving
	From	To			

13. Total work experience (in years and months):

14. List of publications (in the domain of infectious diseases only) and whether PubMed indexed or not (may attach as a separate annexure)

15. Details of research projects in the domain of infectious disease you have been involved as PI or Co-PI (may attach as a separate annexure). Provide the following details: Title of the project, your role (PI or Co-PI), Funded/Non-funded, Name of the funding agency, Total Budget sanctioned, Duration of the project

16. Your experience in infectious disease control and modeling (may attach as a separate annexure)

17. Brief statement on why do you want to apply for this course and how will this course help advance your career (in <500 words)

18. Please give details of two references: Name, Complete Designation, Mobile number, Email id

19. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services is liable to be terminated without any notice. I \_\_\_agree to abide by the terms and conditions of contractual appointment.

Place:

Date:

Signature of the Candidate