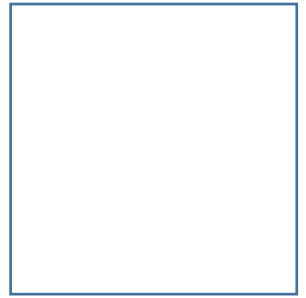


Application form
Viral research diagnostic laboratory
Microbiology department
Government medical college Bhavnagar-364001



1. Name of Post : _____
2. Name of candidate: _____
3. Date Of Birth: _____ age : _____
4. Gender: _____
5. CorrespondentAddress: _____

6. Mobile No: _____ 7. Email ID: _____

8. Basic Education Qualification: in chronological order start from 12th (HSC)

Sr no	Qualification	Name of University/Board	Year of passing	Percentage of marks

9. Computer course details:

Name of examination/Course	Year of passing	Score

10. Research/laboratory experience :

Name of the post	Name of institute	from	To	Total experience in year

I hereby declare that above information provided by me is correct to my knowledge and belief.

Date & Place:

Signature of candidate

Note: self-attested copy of supported document must be attached.

