

**TAMIL NADU Dr. J. JAYALALITHAA FISHERIES UNIVERSITY**

**DEPARTMENT OF FISH PATHOLOGY AND HEALTH MANAGEMENT,**

**Dr. MGR FISHERIES COLLEGE AND RESEARCH INSTITUTE, THALAINAYERU- 614712**

**APPLICATION FOR THE POST OF YOUNG PROFESSIONAL II**

**UNDER THE US FDA (JIFSAN) SCHEME ON “WHOLE GENOME SEQUENCING (WGS) OF SHIMPS AND AND ENVIRONMENT SAMPLES”**

**Photograph**

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| --- | --- | --- | --- |
| 1. | Name of the candidate (in Block letters) | : |  |
| 2. | Father’s / Guardian’s Name | : |  |
| 3. | Sex | : |  |
| 4. | Date of Birth & Age |  |  |
| 5. | Community | : |  |
| 6. | Mother Tongue & Languages Known | : |  |
| 7. | Marital Status (Single / Married) | : |  |
| 8. | Address | : |  |
|  |  |  |  |
| Mobile Number (mandatory) : |  |  |
| E-mail ID (mandatory) : |  |  |
| 9. | Educational Qualifications | : |  |
| **Qualification** | **Subject** | **Year** | **Name of the Board / University** | **Marks Awarded** | **Maximum Marks** | **Percentage** |
| 10th Std. |  |  |  |  |  |  |
| 12th Std. |  |  |  |  |  |  |
| UG |  |  |  |  |  |  |
| PG |  |  |  |  |  |  |
| Ph.D |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |
|  |  |  |  |
| 10. | Whether NET Qualified (attach proof) | : |  |
| 11. | Specialization | : |  |
| 12. | Details of Experience (include experience of one year and above only, attach the proof) |
| **S.No.** | **Positions held** | **Employer** | **Period (from)** | **Period (to)** | **Total experience** |
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13. Details of publications (Proof should be attached):

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| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Title of the Article** | **Authors** | **Year of Publication** | **Journal Name** | **NAAS Scoring/Impact Factor** |
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14. Details of Training/Conferences/Seminars attended (Proof should be attached):

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| --- | --- | --- | --- | --- |
| **S.No.** | **Title of Programme** | **Date** | **Online/Offline** | **Organized by** |
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15. Awards:

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| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the award** | **Ocassion** | **Date of issue** | **Awarding body** |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| 16. | No objection certificate from present employer | : |  |
| 17. | Additional information, if any | : |  |
| 18. | Self-declaration regarding truthfulness in applicaton | : |  |

**Declaration**

 I ……………………………………….. hereby declare that all statements made in the application are true/correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature/appointment may be cancelled without any notice.

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

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the Candidate**