**RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY,**

**THIRUVANANTHAPURAM, KERALA, INDIA**

**APPLICATION FOR SCIENTIST POSITION**

**PLEASE COMPLETE THE APPLICATION USING “TIMES NEW ROMAN 11 SIZE” FONT**

**COMPLETED APPLICATIONS TO BE SENT TO** [facultyrecruitment@rgcb.res.in](mailto:facultyrecruitment@rgcb.res.in)

*HAVE YOU APPLIED TO RGCB PREVIOUSLY IN RESPONSE TO PREVIOUS ADVERTISEMENTS: YES OR NO*

*PERSONAL DETAILS*

|  |  |  |
| --- | --- | --- |
| *1* | *Name of applicant* |  |
| *2* | *Gender* |  |
| *3* | *Nationality* |  |
| *4* | *Whether SC/ST/OBC*  *(Appropriate Certification to be attached)* |  |
| *5* | *Age and Date of Birth* |  |
| *6* | *Permanent Address* |  |
| *7* | *Address for communication* |  |
| *8* | *E-mail ID* |  |
| *9* | *Fax Number* |  |
| *10* | *Contact Phone number* |  |

*11. EDUCATION (ADD MORE ROWS AS NEEDED)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *DEGREE* | *NAME OF DEGREE & YEAR* | *NAME OF UNIVERSITY* | *GRADE/*  *CLASS* | *SUBJECT(S)* | *ANY OTHER INFORMATION* |
| *Bachelor’s Degree* |  |  |  |  |  |
| *Masters Degree* |  |  |  |  |  |
| *Doctoral Degree\** |  |  |  |  |  |
| *Any Additional Degree* |  |  |  |  |  |

*\*PROVIDE TITLE OF MD/ PhD THESIS AND NAME OF MENTOR*

|  |  |
| --- | --- |
| *TITLE OF THESIS* | *NAME OF MENTOR WITH COMPLETE ADDRESS*  *AND EMAIL ID* |
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*12. POST DOCTORAL TRAINING & POSITIONS (ADD MORE ROWS AS NEEDED)*

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| --- | --- | --- | --- | --- | --- |
| *Sl No* | *POSITION* | *INSTITUTE/UNIVERSITY* | *NAME AND AFFILIATION OF MENTOR WITH EMAIL ID* | *FROM* | *TO* |
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*13. DESCRIPTION OF POST DOCTORAL WORK (ADD MORE SPACE AS NEEDED)*

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*14. ANY OTHER JOBS (FACULTY POSITIONS). PLEASE PROVIDE DETAILS INCLUDING JOB DESCRIPTION, TEACHING, STUDENTS MENTORED, ETC (ADD MORE SPACE AS NEEDED)*

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*15. DETAILS OF INDEPENDENT RESEARCH FUNDING OBTAINED (ADD MORE ROWS AS NEEDED)*

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| *SL No* | *NAME OF GRANT* | *FUNDING AGENCY* | *DURATION/*  *YEARS* | *AMOUNT* |
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*16. PhD STUDENTS INDEPENDENTLY MENTORED. (ADD MORE ROWS AS NEEDED)*

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| --- | --- | --- | --- | --- |
| *SL. No* | *NAME OF STUDENT* | *UNIVERSITY/INSTITUTE* | *TITLE OF PhD THESIS* | *YEAR* |
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*17. PEER REVIEWED PUBLICATIONS*

*17A. PUBLICATIONS DURING PhD PROGRAM (ADD ADDITIONAL ROWS AS NEEDED)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *SL No* | *AUTHORS (UNDERLINE FIRST AND/OR COMMUNICATING AUTHOR AS RELEVANT)* | *NAME OF JOURNAL, VOLUME, PAGE NUMBERS AND YEAR* | *TITLE OF PAPER* | *IMPACT FACTOR* | *ANY OTHER INFORMATION* |
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*17B. PUBLICATIONS AFTER PhD PROGRAM (ADD ADDITIONAL ROWS AS NEEDED)*

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| --- | --- | --- | --- | --- | --- |
| *SL No* | *AUTHORS (UNDERLINE FIRST AND/OR COMMUNICATING AUTHOR AS RELEVANT)* | *NAME OF JOURNAL, VOLUME, PAGE NUMBERS AND YEAR* | *TITLE OF PAPER* | *IMPACT FACTOR* | *ANY OTHER INFORMATION* |
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*17C. CHAPTERS IN TEXT BOOKS, ETC (Please provide details on chapter title, name of text book, publishers, authors, etc). USE ADDITIONAL SPACE AS NEEDED.*

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*18. ANY OTHER INFORMATION. USE ADDITIONAL SPACE AS NEEDED.*

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***19. PLANNED RESEARCH PROGRAM: 1 SINGLE-SPACED PAGE***

***20. WHAT IS UNIQUE ABOUT YOUR RESEARCH PROGRAM:***

***(100 WORDS MAXIMUM)***

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***21. NAMES AND ADDRESSES (WITH EMAIL ID) OF FOUR PROFESSIONAL REFERENCES***

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| --- | --- | --- | --- |
| *SL No* | *NAME* | *ADDRESS WITH EMAIL ID* | *PROFESSIONAL RELATION* |
| *1* |  |  |  |
| *2* |  |  |  |
| *3* |  |  |  |
| *4* |  |  |  |