ADVERTISEMENT

Applications are invited for the post of Project Associate–I work in SERB-SURE Project funded by DST, New Delhi.

S.No	Name of the Post	Number of Posts	Upper Age Limit	Essential Qualification
1	Project Associate I	1	35	M.Sc., in concerned subject /Life sciences with a minimum of 60% marks. Subjects: Biochemistry/Genetics / Biotechnology/Microbiology/Molecular Human Genetics *NET qualified candidates are preferred.

• Candidates may apply to the undersigned on or before 28th February, 2024.

• The application along with a DD of Rs.100/- drawn in favor of Registrar, Osmania University, and detailed CV should be submitted to the Principal Investigator at the Department of Genetics, Osmania University.

• Shortlisted candidates will be informed through email and called for interview to be held at Dean's office, UCS, Osmania University.

• <u>Candidates Pursuing PhD need not to apply.</u>

Online link:

Note:

- 1. The position mentioned is purely temporary.
- 2. If performance of candidate is found unsatisfactory, position can be terminated with one month notice
- 3. NoTA/DA will be paid for attending the interview.

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Principal Investigator

SERB-SURE-DST

Application Form

Post applied for:							AffixPassport Size Photograph	
Name								
Father's Name								
Gender	Male		Female	;				
Date of Birth	I			Ag	je		_Years	s,Month(s)&day(s)
Marital Status				Blood Group				
Highest Qualification				Year				
Nationality				Domi	cile			
Present/Postal Address								
Permanent Address								
Mobile Number				Phon	e No.	(Res)		
Email Address								

(II). Academic Background

(Please start from highest qualification and go in descending order)

Degree/	Session			Field/		≱/Board Mark		s Detail	Ora da (
Certificate	FROM	FROM TO Of		Subject Institution Name		Country	Obtained	Total	Grade/ Division/ CGPA

(III). Qualifying Examination (NET/ GATE)

Qualifying Examination (name of subject)	Branch	Year	Validupto	Percentile (Score)	AllIndia Rank

(IV). Research Experience

Name Of Institution	Project Title	Department	Dates		
		-	From	То	

(V). Research Publications

(Must include name of journal; year/volume of publication; page numbers; author(s); title)

S.#	Title of Publication	Name of Journal, Volume and Year etc,	HEC approved Yes/No	Impact Factor
1.				
2.				
3.				
4.				

(V).Reference:-	Provide	Three	Academic	Professional	References
			,	1 10100010110	1.01010110000

Address Phone No
Phone No
Email
Position
PhoneNo
Position
PhoneNo

By signing below and submitting this application form I,------, Confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information.

Date_____

Signature of the Applicant

FOR OFFICE USE

Application Received by:	Date
Checked by:	Date
Short Listed Not Short Listed if not, reason(s)	
	Date