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|  | **भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान तिरुपति**  **INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH TIRUPATI**  (An Autonomous Institute under Ministry of Education, Govt. of India) |

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| **1. Name** (in block letters):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2. Date of Birth** (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insert passport size photograph (image file) | |
| **3. Address for Communication:** | **Permanent Address:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| *\*Please make sure that the e-mail ID is correct and legible.*  **4.Details of University/ Institution Studied (10th onwards, insert cells if necessary):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Degree / Examination Passed | Subjects/Area of specilaization | Institution | Year of Passing | Average Marks/CGPA | Class | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **5.Additional Qualifying Examination(s) Passed (if any):**   |  |  | | --- | --- | | **(a) CSIR/UGC- NET-JRF**  Registration/Roll No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valid till: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **(b) JEST/GATE**  Registration/Roll No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Score (percentile and Rank):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valid till:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |
| **6.Experience (Teaching/Research/Industrial etc.) if any (insert cells if necessary):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of the Organization | Designation | Period | | Nature of Work | | From | To | |  |  |  |  |  | |  |  |  |  |  |   **7. Research Publications (if any, submitted/accepted/published): Please also write your contribution in the published study.**  **8. If you have prior experience working on Neuronal metabolism, Metabolism Induced Stress in Central Nervous System, Organoid development, Retinal neuron biology, Please write about it in about 200 words.**  **9. References: Please provide us details (Name, Affiliations, email ID, phone number, and relationship with you) of at least two referees who will be able to write a reference letter for you.** | |
| **10. Personal Information:**   |  |  |  | | --- | --- | --- | | **a** | Nationality |  | | **b** | Gender (Male/Female/Other) |  | | **c** | Marital status |  | | **d** | Mother’s/Father’s/Spouse’s Name |  | | **e** | Whether person with disability: Yes/No  (if yes, furnish necessary document) |  | | **f** | Whether belongs to reserved category: SC/ST/OBC |  | | **g** | Whether any of your close relative(s) is / are employed in IISER? If yes, give details: |  | | |
| 11. **Mailing information:**  Send the completed application by email in Adobe PDF format to [vasudharani@labs.iisertirupati.ac.in](file:///C:\Users\IISER\Desktop\PDRF%20Advt%202024\vasudharani@labs.iisertirupati.ac.in)  Mention in the subject line **“**Application for the post of **Research Associate-1 Your Name”** on or before **5.00 P.M. on 30th September 2024.** | |

**(Note: Incomplete applications will not be considered)**

**DECLARATION**

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief.

**Place: Signature of the Applicant**

**Date: (To be signed at the time of interview)**

*(The duly filled application form should be sent to us by email. The hard copy print out of this application form signed and dated by the applicant along with recent passport size photograph and photocopies of relevant certificates and other testimonials in support of age, qualification, experience etc. will be collected at the time of interview. Applicant has to bring all the original certificates at the time of interview for the purpose of verification, along with one set of photocopies)*