## Application Form for the post Research Associate/Field Worker

Extramural Project: "Standardizing data collection and cervical cancer screening protocols to improve facility preparedness and capacity building for cervical cancer elimination"

1. Name (in capital):

2. Apply for Post:

| 3.         | Date                                    | e of Birth:        |                       |                  |  |                  |              |  |                   |                         |
|------------|---|--------------------|-----------------------|------------------|--|------------------|--------------|--|-------------------|-------------------------|
| 4.         | Age:                                    |                    |                       |                  |  |                  |              |  |                   |                         |
| 5.         | Whether belongs to SC/ST/OBC category : |                    |                       |                  |  |                  |              |  |                   |                         |
| 6.         | Sex:                                    |                    |                       |                  |  |                  |              |  |                   |                         |
| 7.         | Nationality:                            |                    |                       |                  |  |                  |              |  |                   |                         |
| 8.         | Marital Status:                         |                    |                       |                  |  |                  |              |  |                   |                         |
| 9.         | Address:                                |                    |                       |                  |  |                  |              |  |                   |                         |
| 10.        | Mob.No. Landline No.                    |                    |                       |                  |  |                  |              |  |                   |                         |
| 11.        | E-m                                     | ail id:            |                       |                  |  |                  |              |  |                   |                         |
| Εdι        | ucatio                                  | onal Qualific      | cations:              |                  |  |                  |              |  |                   |                         |
| S.No       |   | Examination passed |                       | Board/University |  |                  | Passing Year |  | Percentage scored |                         |
| 1          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| 2          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| 3          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| 4          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| Ехр        | erie                                    | nce (Post Qı       | ualification)         | :                |  |                  |              |  |                   |                         |
| S.No       |   | Post               | Name of<br>Institutio |                  |  | To<br>(DD/MM/YY) |              |  | tal<br>perience   | Duties & Responsibility |
| 1          |   |                    |                       |                  |  |                  |              |  | •                 |                         |
| 3          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| 4          |   |                    |                       |                  |  |                  |              |  |                   |                         |
| Dat<br>Pla |   |                    |                       |                  |  |                  |              |  |                   | Signature               |
|            | ce.<br>closu                            | roc                |                       |                  |  |                  |              |  |                   |                         |
|            | ache                                    |                    |                       |                  |  |                  |              |  |                   |                         |
| 2.         |   |                    |                       |                  |  |                  |              |  |                   |                         |
| 3.         |   |                    |                       |                  |  |                  |              |  |                   |                         |